

HARVARD MEDICAL ALUMNI BULLETIN

Summer, 1963



The Lion's Share...
Alumni Day, Class Day 1963



A course concluded
and a new begun —
Commencement 1963

photos by Dave Lawlor



Laurels for all,
but little time for resting on them.
Still, Commencement is always a bright day,
regardless of the weather —
gracious this year except for a few showers
in the afternoon. Even the rain failed
to dampen the high spirits,
and U Thant spoke to a large crowd
white-capped with programs.
Even as it drizzled lightly the blue skies
were sunny, as were the faces of
professors and graduates
— and proud, relieved parents.

At top, in the Yard before the procession,
are Dr. Berry with Dr. Hugh Leavell,
and talking to Dr. George Nichols,
Dr. Peter Curran. Just below are
Drs. Arthur Hertig and Albert Coons.
Dr. Gardella is seen in the happy position of
bestowing the diplomas amid the canopies
of the Commencement Day luncheon.
At bottom is former dean, Sidney Burwell,
with a member of Harvard's 25th reuning
class.



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HARVARD MEDICAL ALUMNI BULLETIN

VOL. 37

SUMMER 1963

NO. 4

The Cover: From atop his perch on the flagstaff above Building A, the Harvard Lion surveyed, and participated more than vicariously in, Alumni Day and Class Day activities. The Cover merely illustrates the facility with which the Lion adapts himself to the festivities . . . or vice versa, as the case seems to be.

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LETTERS

Dr. Sluis and the CACC

To the Editor:

As a description of unusual alumni activities, the article by classmate Joost Sluis on the Christian Anti-Communism Crusade was most interesting. In this precarious world Dr. Sluis' readers must all share his frustration with inaction. One wonders, however, whether a compulsory system of teaching, based on a rigid "premise," represents an entirely happy example of "devotion to truth." Is it possible, to extend Dr. Sluis' analogy, that the cure he proposes might be as bad as the disease?

HENRY O. WHEELER '51
Fair Lawn, N.J.

To the Editor:

I suppose one shouldn't be too surprised at any of the articles in the *Bulletin*. Their great variety, their often topical interest, even aside from any medical content, are admirable. However, one must raise one's eyebrows, at least ever so slightly, at the "cover story" in the Spring, 1963, issue: "An Alumnus and the Christian Anti-Communism Crusade." That this article was written and published indicates not only the great variability of our school's graduates but the freedom of expression in the *Alumni Bulletin*. That it should be given the kudos of a quotation and a montage on the cover, and selection as the cover story seems nevertheless a bit peculiar. It makes one wonder regarding the sympathies and the philosophical viewpoints of the editor and whether the editorial board was consulted on this article, which was evidently written by one of the far out right-wingers rather more common in Texas and in California than in Boston (*exception*, Belmont).

The whole tenor of the article, as its title suggests, resides in its anti-communism — often, it would seem, the be-all and the end-all of many right-wing groups. In aligning himself with one of the most "rabid" of the anti-communists, the Rev. Dr.

Fred C. Schwarz, Dr. Sluis has apparently become possessed with the idea of the communist "disease," as he himself suggests. He has dramatically tried to stem its tide in British Guiana, which he visited on "six different occasions." It is evident that he tried to influence the elections there in 1961 by leading "a group of two Americans, and three East Indians . . . in conducting a series of open air meetings . . . and thus providing the people with knowledge and understanding of communist deceptive techniques and strategy." It does not seem surprising that eventually the Drs. Schwarz and Sluis were declared "prohibited immigrants" by that impoverished little country, which is what I suppose we in this country might do to a couple of dedicated communists who might come over here at election time and try to influence our own elections.

One looks in vain in this case history of our fellow alumnus for some declaration of pro-Americanism, pro-democracy, or tolerance for other people's viewpoints — in other words, for the common decencies that are so important in the democratic viewpoint. The essentially negative philosophy of the professional anti-communist rejects almost every ideal this country has been striving for since the Founding Fathers. Nowhere in the world, except possibly in Britain, the Scandinavian countries, Australia and New Zealand, is the individual so free to speak out, to carry on his activities within reason, as he is here. These freedoms, which have been so dearly developed, are ours to export, to stimulate other minds in less-favored environments. Surely our democratic principles are worth disseminating, but gently and not with a sledge hammer, and not in the framework of what is called the Christian Anti-Communism Crusade.

As physicians, we can be, and often are, ambassadors of good will throughout the world and particularly so in the less developed countries. This is perhaps because we go there without any axe to grind, with a

feeling for humanity, and with a desire to be of service. By precept, by example, by a spirit of friendly understanding, we can demonstrate our democratic principles. This is more intelligent, I submit, than going about preaching such nostrums as anti-communism. Not only does this sort of thing tend to put our own democratic principles in a bad light, but it often tends to have the opposite effect of advertising communism as well. Perhaps Dr. Sluis, an orthopedist, should stick to his plaster casts, a more sensible occupation for a man of such evident energies. And perhaps the editors of our *Alumni Bulletin* should think twice before featuring, and thus apparently endorsing, an article of this nature with enthusiasm.

WILLIAM DAMESHEK '23
Professor of Medicine
Tufts University School of
Medicine

To the Editor:

The article by Dr. Joost Sluis tells a fascinating story of an unusual alumnus who has "found himself." I hope you will continue to publish articles by physicians leading unusual lives.

It is essential, however, that the *Bulletin* make clear that the outrageous views expressed by Dr. Sluis do not reflect the beliefs of the editor. The dramatic use you made of this article not only gave Dr. Sluis a public platform, but it left the reader in unnecessary doubt about the attitudes of the editor. Personally I wonder if the value of this particular article's story of the "conversion" of an alumnus justifies publishing Dr. Sluis' dangerous political misinformation. I enjoyed reading the article, but I am glad I did not have to make the decision to publish it.

ROBERT L. DUPONT, JR. '63
Cambridge, Mass.

To the Editor:

I was amazed to see in the Spring issue of the *Bulletin* an article presenting primarily the political opinions of Dr. Joost Sluis, a member of the class of '51. While his decision to shift a major part of his activity from medicine to the Christian Anti-communism Crusade might be worth a few lines in the class notes, a relatively detailed statement of his political convictions hardly seems suitable for the *Bulletin*. Moreover, the

actual views expressed will offend a number of friends of the school: the author's analysis of the complex problem of our relations with communism is so simplistic as to remind one of a McCarthyist diatribe, rather than the thoughtful and well-informed statement one ordinarily expects in a publication sponsored by a university.

While I strongly approve of the evident desire of the editor to have the *Bulletin* serve as a forum for alumni on a variety of topics, it seems to me that reasonably high standards must be maintained — all the more for articles on controversial issues not closely related to medicine. In this case, when the author states that "the training in scientific method and objective analysis received at Harvard . . . are relevant to my present vocation which includes the study and teaching of the pathology of Communism," it is evident that he has little conception of what constitutes professional standards in either science or political theory. As a teacher, reading this statement makes me rather sad.

BERNARD D. DAVIS '40

Professor and Head, Dept. of
Bacteriology and Immunology

To the Editor:

I certainly approve of the article in the Spring issue by Joost Sluis. It is refreshingly conservative, at a time when the Veritas Foundation says the entire Alma Mater has gone pink.

PHILIP B. MARQUART '31
Tennessee Temple College
Chattanooga, Tenn.

To the Editor:

As a prospective alumnus of Harvard Medical School, I would like to register a protest at the inclusion in the Spring '63 issue of the *Harvard Medical Alumni Bulletin* of the article by Dr. Joost Sluis.

The organization which Dr. Sluis represents, Fred Schwarz' "Christian Anti-Communism Crusade," promulgates a view of communism that is accepted, fortunately, only by a relatively few naive individuals in our country. To believe that the policy of "coexistence" is exclusively a doctrine started by Stalin and backed only by the Soviet Union is to offer little hope that the mass of mankind will reach the year 2000 in a society as we now know it. There is no realistic alternative *vis-à-vis* our relations with the Soviet bloc than coexistence. As U Thant recently put it, "The

only alternative to coexistence is no existence."

Dr. Sluis concedes that "there is no shortage of grievances . . . throughout Latin America." He tells us we should be against "Communism" (whatever he conceives as the meaning of that word). However, he offers us no alternatives, not leading us *toward* anything but only *away* from this awe-inspiring, terrifying evil that kept him spending wakeful nights worrying about "the conquest and destruction of our country, homes, and families." Others worry too but seem to be able to propose needed reforms rather than merely trying to stave off revolutions in Latin America with open-air meetings.

I could go on and point out many fallacies in the author's reasoning, many categorical statements which are lacking bases in fact (e.g., there is no proof *anywhere* that Cheddi Jagan, British Guiana's leader, is "a member of the International Communist conspiracy"), and other weak points in his diatribe. However, I shall merely conclude with the hope that future articles by alumni are more informed and more related to our common interest — medicine — than was this article.

THEODORE S. TAPPER '64

To the Editor:

We were pleased to note that the *Harvard Medical Alumni Bulletin* chose to publish the article "An Alumnus and the Christian Anti-Communism Crusade," concerning a subject of nonmedical and clearly political interest, for we feel such interests are necessary to the complement of the "complete" physician. We were disturbed, however, to note the attitude of the author which he expressed as a representative of the Christian Anti-Communism Crusade. Dr. Sluis' discussion of the realities of communist subversion and the dangers of potential communist conquests are well presented. Our concern is with the tone of "anti-communism" — a tone reflected in the prefix, "anti."

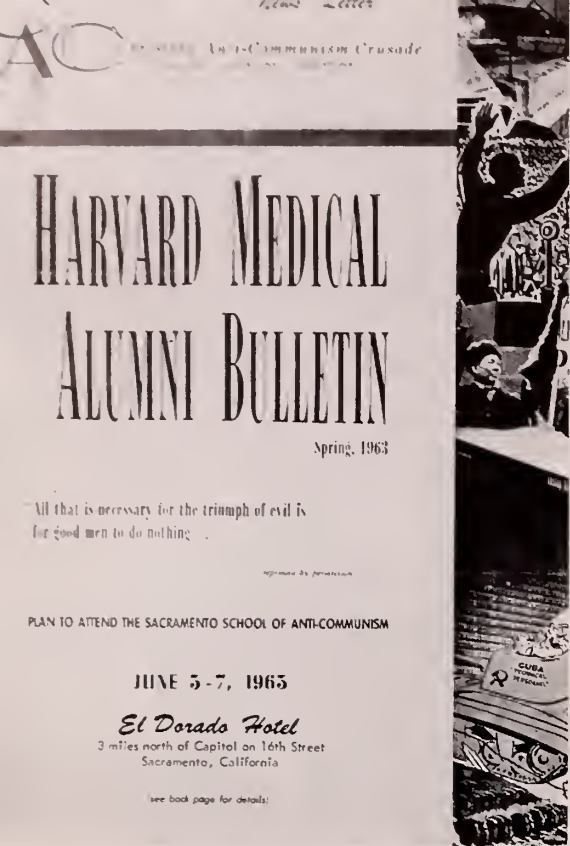
The strength of the United States and her ideals has always been derived from the *positive* connotations of freedom and equality, not the *negative* undertones of mere survival. The distinction is neither academic nor picayune. Dr. Sluis quotes Edmund Burke's apt statement, "All that is necessary for the triumph of evil is for good men to do nothing. . . ." But this statement succeeds,

as does the Crusade, in only stating the problem at hand. John Locke's words seem to present the necessary approach to the solution of the problem. "It is one thing to show a man that he is in error and another to put him in possession of the truth."

Dr. Sluis' work in British Guiana is a good example of the role of exposing "error." "From June, 1961, through the August election, I led a group of two Americans, and three East Indians . . . in conducting open air meetings; . . . our program was based *solely* on providing the people with knowledge and understanding of Communist deceptive techniques and strategy." (our italics) At stake, though, is the more important question — will we share in the development of societies which manifest equal regard for the needs and desires of both the majority and the minority? In Latin America today we find two excellent examples of programs dedicated to these ends. Costa Rica has organized schools of functional democracy which stress the effectiveness of democratic cooperation in solving grievances of a national and urban nature, while rural community programs such as the Vicos project in Peru are designed to stimulate local and popular initiative in meeting community problems. Compared with such possibilities for strengthening the basis for democratic practices and institutions, programs of anti-communism are at best a short-term treatment of the symptoms of unrest.

The United States and its allies today must face Dr. Sluis' accurate characterization of the communist threat: "they can support any movement, profess any purpose, practice any religion, as long as all these ultimately lead to communist world conquest." Polarization of this threat, however, into a conflict between pro- and anti-communists not only dilutes the impact of our own revolution (a belief that individuals reach their fullest potential in a free society), but it enables the communist to use the very antipathy we feel toward communism against us. If the initiative is to remain in our hands, our response to the challenge of communism must be a concerted and sustained effort to offer practical and working alternatives to communism based on the sacred foundations of freedom and equality.

JOHN M. TEMPLETON, JR. '66
DAVID H. WEGMAN '66



Although the cover of the CACC Newsletter might lead one to assume otherwise (see above), at no time did the *Bulletin* give Dr. Sluis permission to reproduce the cover of its Spring issue. Reprint permission was, of course, granted him for his own article. It is regrettable that Dr. Sluis took the liberty of reproducing the cover, for his action clearly placed an implied erroneous slant on the *Bulletin's* conviction concerning the CACC. Further, the magazine's covers are its property; policy forbids their use for advertising or publicity purposes.

To the Editor:

Congratulations on printing the article by Dr. Sluis in your Spring *Bulletin*.

JAMES D. BALES
Professor of Bible, Harding College
Searcy, Arkansas

To the Editor:

The lead article in the *Harvard Medical Alumni Bulletin*, Spring issue, is entitled "An Alumnus and the Christian Anti-Communism Crusade." Like the author, Dr. Joost Sluis, I am an HMS alumnus, a diplomate of my specialty board, a member of the faculty of the University of California Medical Center, and an affiliate of several Bay Area hospitals. I am, like Dr. Sluis, appalled and concerned by the successive advances of communism. Our resemblance ends there.

In 1962 I was an interested specta-

tor of a television panel shared by Dr. Sluis and his idol, Schwarz. The persons opposing Schwarz — a psychiatrist and a Unitarian minister — were too gentlemanly and well-bred to stoop to the vicious, slashing attacks of their adversary, so reminiscent of McCarthy, and perhaps came off second best because they were so open-mouthed at this kind of vituperation. Schwarz began by denouncing in a most un-Christian manner all the ministers in Northern California (about 95% of the total) who dared disagree with his methods, including his planned school on communism (which was a resounding flop). Then he took on the psychiatrists and psychologists, condemning their respective professions *in toto*. Next he launched into an evangelistic sermonette which rivaled anything Billy Sunday could have done on the sawdust trail — a calculated affront to every HMS alumnus of the Jewish, Hindu or Mohammedan faiths, as well as to those of my own persuasion (agnosticism). One quickly understands that the "Christian" of their crusade is like Gerald L. K. Smith's use of the word: to mean antisemitism. Throughout this harangue Dr. Sluis remained for the most part a silent, admiring kind of *éminence grise* to the agile, free-swinging Australian *émigré*. Schwarz's preaching was a paean of hate, suspicion, looking-under-the-bed, and neighbor-spying-on-neighbor. And, of course, anyone who is anti-Schwarz is automatically pro-communist. This paragraph seems to be about Schwarz. It is, however, revealing about Dr. Sluis; it seemed incredible that the disciple did not rise and rebuke the master.

Dr. Sluis' article is couched in the familiar negatives of those who see all the issues confronting mankind in the black-and-white contrasts of first year Sunday-school. All that is necessary is to go out in the armor of St. George and slay the dragon, communism. Try satisfying with that doctrine the miserable peons of the rocky farms and tin mines of Bolivia. Try repairing with that pabulum the hunger of the ragged, emaciated outcasts in the Bidonvilles of Santos or São Paulo.

Strangely, the dragons represented by tyrants like the dictators of Portugal and Haiti do not seem to interest Sluis and Schwarz. Time is running out for democracy in Latin America, and neither the Alliance for Progress nor any other effort, including those of Dr. Sluis, have much chance as long as the wealthy Latin oligarchs persist in their mad illusion that feudalism can continue to survive. Their motto is "*Qu'ils mangent du gâteau*." (Remember all the corrupt barons we have honored or propped up: Trujillo, Peron, Perez Jimenez, Batista and his predecessors.) Perhaps I can best state the point in the words of Senator Keating, in the Letters column of the *New York Times*, Western Edition, May 1, 1963.

In my judgment one of the weaknesses in United States foreign policy for many years has been the failure to articulate our own principles and objectives. It is not enough either in Cuba or in any other part of the world simply to be against communism; we must also make it evident by words and deeds that the United States is ready to lead the fight for a better life for the masses of humanity who struggle against poverty, illness and ignorance.

If we are to march forward successfully, it must be under a banner of freedom and not just against the threat of communism.

I couldn't say it any better.

SEDGWICK MEAD '38

El Cerrito, Calif.

To the Editor:

Re: communism and your excellent front cover comment that "all that is necessary for the triumph of evil is for good men to do nothing . . ." . . . I have found one thing that individuals can do. The Boston Council of the Navy League of the United States (Address: Room 833, 53 State Street, Boston) has a 12-minute film which is the best advertisement for our system of free enterprise and against the communist system that I have ever seen. A courageous photographer took his camera down the main street of West Berlin, through the Brandenburg Gate, into East Berlin, filming both sides of the iron curtain. No words can tell the appalling difference

as well as those pictures.

I am showing this movie to as many groups of young people as I can. It is a 35-mm. sound film with no political axe to grind and no advertising for any group. I would be happy to show it to anyone who would like to see it in the hope that they would then want to show it elsewhere. . . .

I read with much interest and not a little distress Joost Sluis' article on the growth of communism in British Guiana. By publishing it and putting that quotation of Edmund Burke on your cover, the editors of the *Bulletin* removed themselves from the category of good men who do nothing.

ANNE W. PHILLIPS, M.D.
Mass. General Hospital

To the Editor:

Inasmuch as the *Bulletin* does not indicate anywhere what governs acceptance of articles for publication, I would appreciate publication of your policies in the *Bulletin* in the near future. I have in mind the article by Dr. Sluis in the latest issue. I fail to see why the *Alumni Bulletin* should publish such propaganda, particularly when it fails to relate to medicine in any reasonable fashion. (I would not object to articles indicating the influence of politics on the pursuit of careers, etc.)

Dr. Sluis did a clever job of making his Christian Anti-Communism Crusade appear like a democratic, friendly little organization that was against tyranny, as we all are, presumably. However, his organization came to Seattle, and several of his group were directly quoted in the local newspapers, and I find that Dr. Sluis has indulged in a technique which is familiar to the communists: talk dialectic to the intellectuals and do your rabble-rousing with the rabble. However, he does give himself away in the concluding paragraphs when he states communism should be taught, not objectively, but as propaganda. This organization, along with the Birchers and other right wing organizations, is quite clear in its distrust of the populace and feel that they have to be indoctrinated rather

than educated. They are not content to trust Americans to reject totalitarian doctrines, particularly those of the left wing.

Living in the west, and watching the Birchers make alarming strides in their subversive drives, I no longer regard this lunatic fringe with amusement. Internally, they are far more dangerous than the communists. Americans are too well off to give up their political liberties to a communist cause, and I hope that they are intelligent enough not to be duped into giving up their liberties to the right wing in the name of anti-communism. With the present reactionary trend in the western United States, however, I am beginning to wonder.

WARREN G. GUNTHEROTH '52
Seattle, Wash.

The flurry of letters that followed publication of Dr. Sluis' article on the Christian Anti-Communism Crusade in the Harvard Medical Alumni Bulletin of May, 1963, connotes an avid readership and a healthy questioning spirit on the part of our captive audience of readers (no subscription charge). A critical response is far better than no response at all.

The Bulletin has no narrow credo. It serves to report to the Alumni news of the School and of its graduates. Articles appearing in its pages often do not reflect the considered opinion of its Editorial Board, and that Board takes no credit or discredit for exciting opinions when expressed. For it to make arbitrary decisions would clearly limit its field of exploration and result in stereopathy.

Rather, the Bulletin opens wide its pages to the expressions of thought and descriptions of action of its varied Alumni without restriction. To take a negative position toward an article that expresses an unappealing viewpoint on a controversial subject is undemocratic. Ed.

Cause of Death

To the Editor:

I am always interested in receiving your fine magazine. It is excel-

lently written, composed, and truly informative of what is going on now, so many years after I received my medical doctorate in 1921 — or was it 1921? That long ago — what's the difference? I had the great pleasure of joining my classmates, what there are left of them and as many as could be in Boston, in late May two years ago at our 40th anniversary. I sincerely hope I can repeat in '66.

There is one phase of your magazine, however, I'd like changed — i.e., your treatment of obituaries. You never, like the *JAMA*, give the cause of death — that is, seldom if ever. Perhaps I am morbidly curious, but it is a matter of natural curiosity, I believe, to know why Bill or why Harry died — when he seemed so healthy and virile and full of steam 1917 to 1921. Surely he couldn't have died a so-called "natural" death in such a brief time — since those years! He must have been in a plane crash, or shot by an irate husband. Those things we want to know, and you don't tell us. As for instance, in your Winter '63 edition, the article concerning L. L. Uzman begins: "On a bright clear day of 1962, two days after his death . . ." No indication of why an exceptional young man like Uzman should die at that age — to us in the sticks who didn't already know why. That article should have been edited so the cause was given, unless it's a cause the family wished concealed. Am I wrong in yearning for such information?

CLARKE YOUNG '21
Salt Lake City, Utah
(Good idea. Ed.)

To Provoke and Unprovoke

To the Editor:

Methinks Mr. Rozett doth quoteth the Bard most poorlyeth (and inaccurately too). [Vol. 37, no. 3, p. 33]

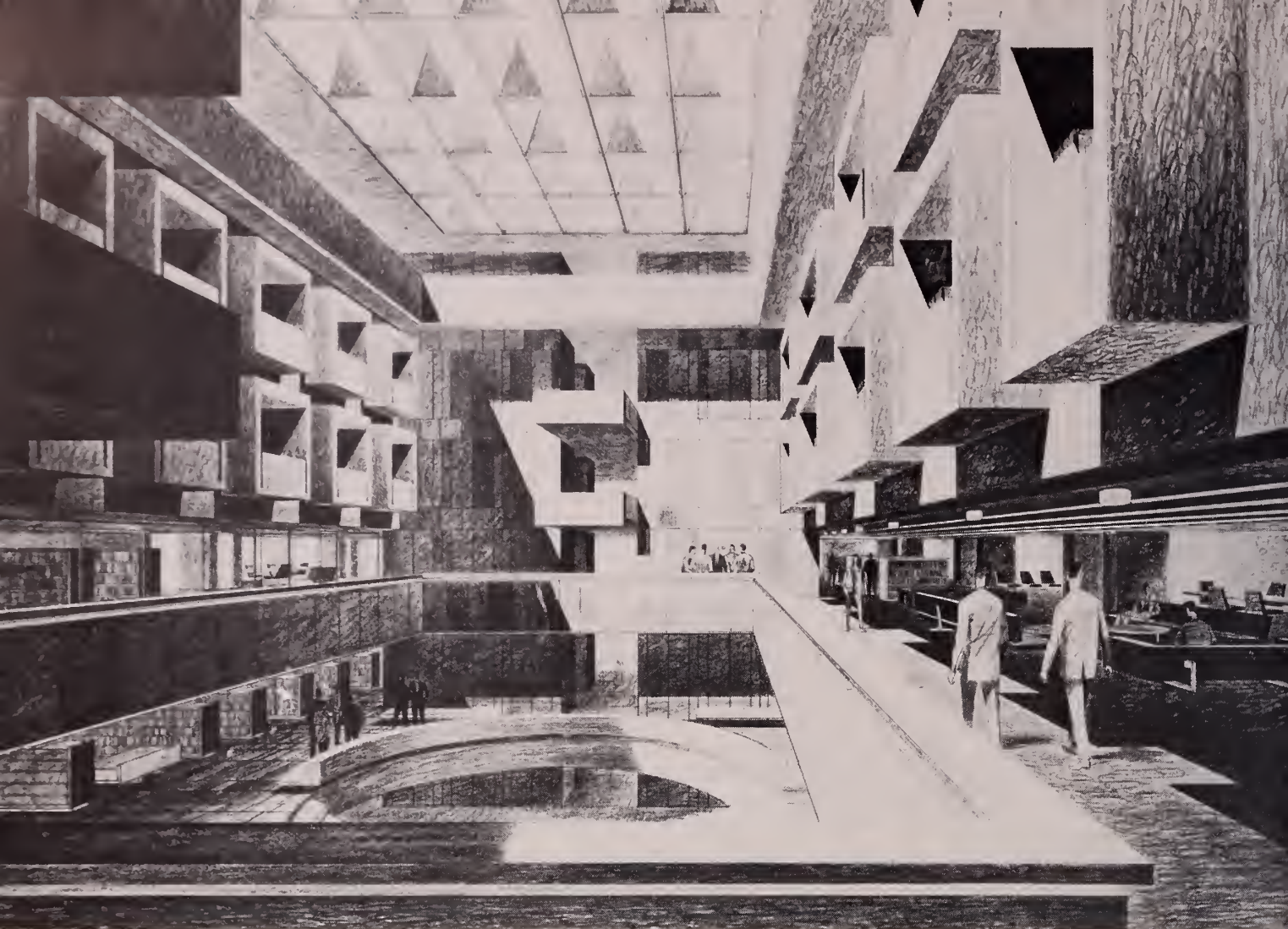
Macd: What three things does drink especially provoke?

Port: Marry, sir, more painting, sleep, and urine. Lechery, sir, it provokes, and unprovokes; it provokes the desire, but it takes away the performance. . . .

Macbeth II, iii, L 30-34

RICHARD L. THIRLBY '41
Traverse City, Michigan

(Zounds, sir! You catcheth us out-barding the Bard. Mr. Rozett spake truly; the staff taketh both the blame and the hemlock. Ed.)



Architectural drawings by Helmut Jacoby

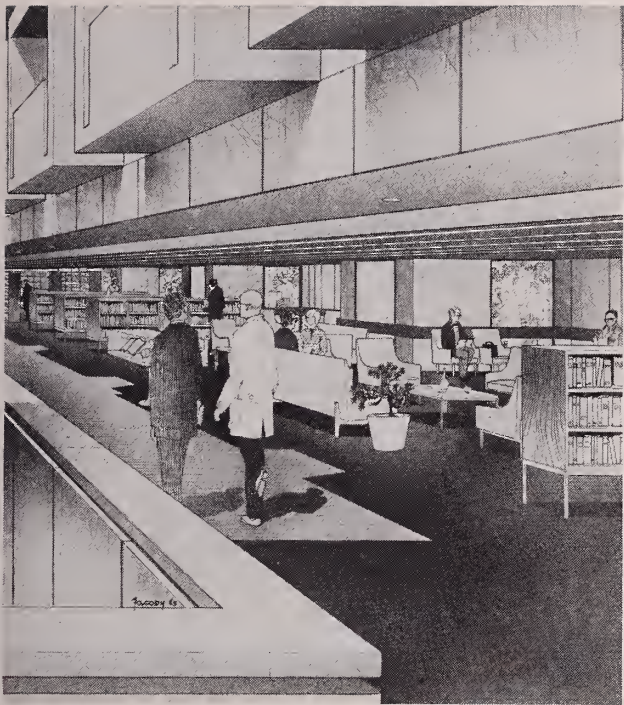
ALONG THE PERIMETER

A Look at the Countway Library of Medicine



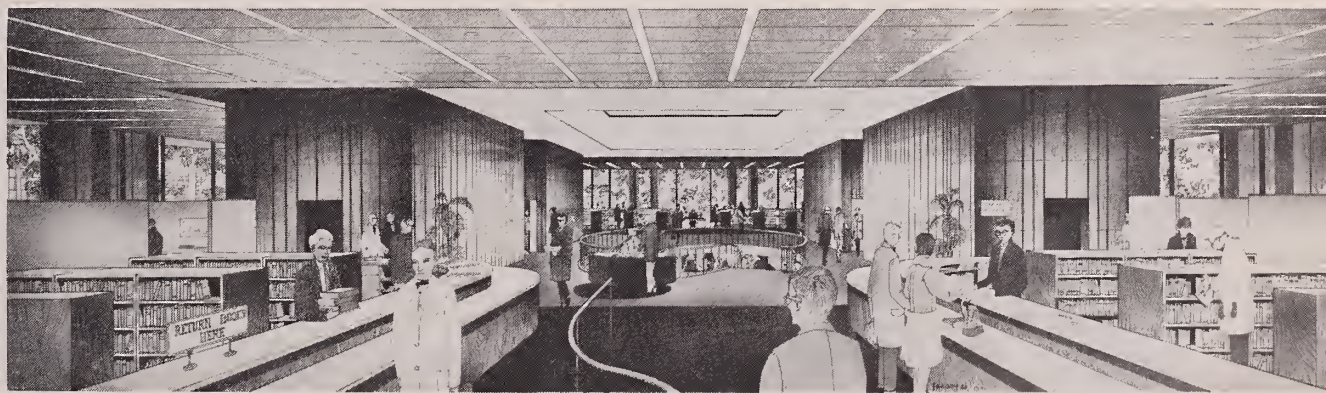
Viewed from the main front door, the central hall (above) stresses the verticality of the building's entire design. Encircling the empty central shaft are eight levels, two below ground, six above. At this level, reserve book services extend right, lending ones left; and the card catalog and general references are located at the far end.

(Left) A view into three of the library's seating areas, where a wide variety of study accommodations are planned, ranging from tables for four to the individual carrels in foreground. Lit by natural light from side windows — the large glass areas are glareproof — these reading areas surround an inner ring of bookstacks.



Fittingly, this luxurious second floor lounge which overlooks the rotunda and its graceful spiral staircase is for leisure reading only.

It will be equipped with books on history, sociology, literature, and the arts. Pictured below is the browsing room, a carpeted area housing a display of 2,700 periodicals which is located one floor down from the entrance hall. Indexes and abstracts line the shelves on the right. The last ten years of the collection are located on shelves in the background; those dating further back will fill the next level down.



From a vantage point on one of the outside balconies which surround the fifth floor, one sees this view of the physicians' reading room. Lined with shelves of the latest books and periodicals, this pleasant room, complete with fireplace, is designed to provide an atmosphere inviting relaxed and private contemplation.

Faculty Appointments

Dr. Castle Elected First Francis Weld Peabody Faculty Professor of Medicine

William B. Castle '21, devoted teacher, skilled practitioner, and distinguished medical scientist, has become the first Francis Weld Peabody Faculty Professor of Medicine at Harvard. Elected as the first George Richards Minot Professor of Medicine in 1957, Dr. Castle has also served as director of the Thorndike Memorial Laboratory at the Boston City Hospital since 1948, and as leader of the Harvard medical unit at Boston City since 1940. He will continue to serve the second and fourth medical services there as consulting physician.

First to receive the title of faculty professor of medicine in the 181-year history of the Medical School, Dr. Castle will be free of administrative responsibility and thus available, as he elects, to teach or carry on research in any area of the Medical School.

Dr. Castle



The title "Faculty of Medicine Professorship" honors the late Dr. Peabody, first director of the now world-renowned Thorndike Memorial Laboratory. His 1922 Gay Lecture, "The Care of the Patient," has become a classical description of the goal of modern medical education — to provide physicians in whom the art of the healer is combined with the skill of the scientist.

Stimulated by his early association with Dr. Peabody and a longer affiliation with Dr. Minot, Dr. Castle early turned his clinical and research interests to diseases of the blood. His most notable contribution in this field was his discovery that the "intrinsic factor," a substance normally secreted by the membrane lining the stomach, is absent in patients with pernicious anemia. This substance was found to be necessary for the absorption from the diet of vitamin B₁₂, required for the formation of blood and some tissues.

Dr. Castle has also studied the causation of certain types of congenital and acquired anemias and has directed attention to the importance of the spleen as a filter and to the role of such mechanical factors as cell shape and aggregation in bringing about the retention and destruction of red cells within the spleen. Through investigations, he and his associates have been able to explain the accelerated destruction of red cells in certain hemolytic anemias not associated with blood-destroying substances demonstrable in the test tube.

A member of the Harvard University committee on tropical medicine, Dr. Castle has maintained an interest in international health programs as well. In 1931 he was director of the Rockefeller Foundation Commission for the study of anemia in Puerto Rico, which demonstrated the life-saving effects of parenteral therapy with crude liver extract in advanced cases of sprue (a serious nutritional disorder) and that therapy with iron ended in a rapid cure of the anemia of hookworm disease.

Dr. Cogan Elected to Williams Chair

An internationally known leader in the field of ophthalmology has been appointed Henry Willard Williams Professor of Ophthalmology. Formerly professor of ophthalmology, David Glendenning Cogan '32 is the sixth incumbent of the Williams Chair, established in 1893 from the gift of Dr. Williams, who served as the first professor of ophthalmology at Harvard and was a founder of the subject in the United States.

Charles F. Barlow Elected to Crothers Chair

A neurologist whose research has been concerned with investigations of the blood-brain barrier, mapping out the areas in the brain in which administered radioactive compounds — particularly drugs — tend to concentrate, has been elected Bronson Crothers Professor of Neurology. Dr. Charles F. Barlow comes to Harvard from the University of Chicago Medical School, where he served as associate professor of medicine (neurology) prior to his appointment as the second incumbent of the Crothers Chair. (The first incumbent, Dr. L. Lahut Uzman, died in November, 1962.)

Dr. Barlow's offices and laboratory will be at the Children's Hospital Medical Center where he will be neurologist-in-chief. He has also been appointed consultant in neurology at the Peter Bent Brigham Hospital.

Considered by his students an "outstanding" and "stimulating" teacher of neurology, Dr. Barlow received his S.B. degree in 1945 and his M.D. degree (with honors in pathology) in 1947 from the University of Chicago. He is a member of the American Academy of Neurology, Chicago Neurological Society, American Association of Neuropathologists, and the Central Society for Neurological Research.

Dr. Barlow



*Dr.
Cogan*

Dr. Cogan has modestly referred to himself as "one whose professional life is an attempted compromise between research, teaching, clinical practice, and a minimum of administration." Widely known for his contributions to ophthalmic knowledge and education, Dr. Cogan's book, *Neurology of the Ocular Muscles*, is considered a comprehensive guide to this complicated subject. Of the two syndromes bearing Cogan's name, one describes nonsyphilitic interstitial keratitis, and the other is concerned with conjugate gaze paralysis.

At the Howe Laboratory, Dr. Cogan has made significant investigations into the physiology and pathology of the cornea, the abnormal fat formation in ocular tissue, the neurology of the ocular muscles, the histology of the eye, and the effects of radiation on the eye. He is currently concentrating on the histology and pathology of the retinal vessels.

Serving simultaneously as chief of ophthalmology at the Massachusetts Eye and Ear Infirmary and head of the department of ophthalmology at Harvard, Dr. Cogan is also chief editor of the *AMA's* specialty journal, *Archives of Ophthalmology*. He has presided over the New England Ophthalmological Society, been a member of the National Advisory Council of the Institute of Neurological Diseases and Blindness, and served as consultant to numerous national and international scientific organizations.

For his definitive work on corneal physiology, Dr. Cogan received the Warren Triennial Prize in 1943. He was awarded the Proctor Medal Award for Research in Ophthalmology in 1954, the Research Award of the New England Ophthalmology Society, and the 1963 Doyné Medal of the Oxford Ophthalmological Congress.

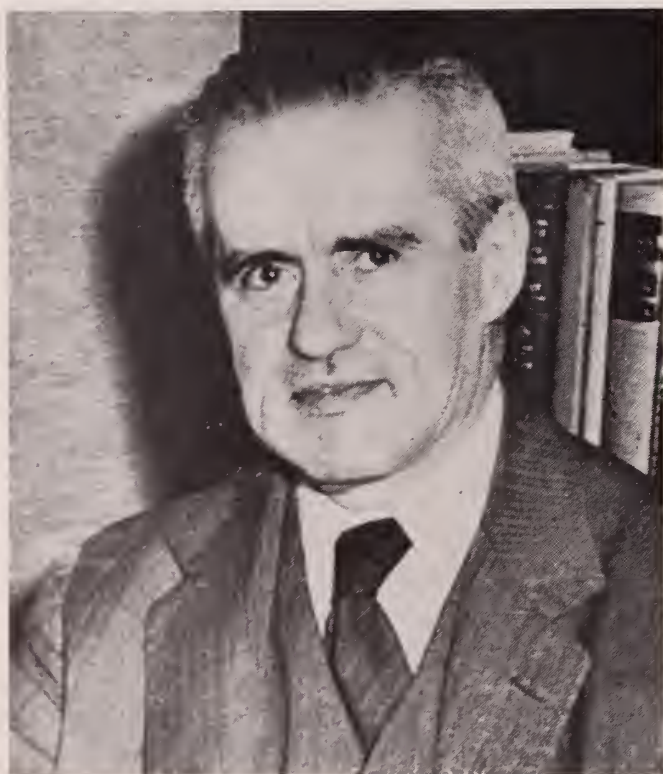
Maxwell Finland Elected George Richards Minot Professor

Maxwell Finland '26, international authority on the clinical and scientific problems posed by infectious diseases in man, has been elected George Richards Minot Professor of Medicine in the faculty of medicine and director of the Thorndike Memorial Laboratory at Boston City Hospital. Since January of this year he has served as director of the second and fourth medical services at the Boston City Hospital. Formerly professor of medicine at Harvard, he succeeds William B. Castle '21, who has been appointed Francis Weld Peabody Faculty Professor of Medicine.

A forceful, stimulating teacher of medical and post-doctoral students and an eminent medical scientist and physician, Dr. Finland is an advocate of the discriminate use of antibacterial agents in their treatment of disease. He has served the Boston City Hospital since 1927 and the Medical School since 1928.

The many contributions made by Dr. Finland to medicine have been recognized by the bestowal of a host of honors. Most recently (1962), he was named to present the annual William Royal Stokes Memorial Lecture at the 164th annual meeting of the Medical and Chirurgical Faculty of the State of Maryland. The city of Providence, Rhode Island, named him as the recipient of the Dr. Charles Value Chapin Award in 1960. In 1961 he served as the Visiting Professor of Medicine at the University of Wisconsin. Dr. Finland is a member of numerous medical and scientific organizations.

Dr. Finland



Dr. McDermott

William V. McDermott, Jr. Elected Professor of Surgery

William V. McDermott, Jr., '42, a surgeon whose significant studies of liver function have enabled physicians and surgeons to deal effectively with hepatic diseases, has been elected professor of surgery. Simultaneously he has been appointed director of Harvard's fifth surgical service and of the Sears Laboratory for Surgical Research at the Boston City Hospital.

Dr. McDermott's appointment brings Harvard's surgical service at Boston City under its first full-time directorship since 1959. Important to the very fruitful relationship existing between Harvard and Boston City Hospital since it opened in 1864, the Harvard surgical service will shortly complete a new six-bed "intensive care" unit.

The recently constructed Sears Laboratory for Surgical Research, established in 1954 by a public charitable trust left to the hospital by the late Charles H. Tyler, honors Dr. George Gray Sears, clinical professor of medicine and chief of the medical staff at the hospital until he retired in 1918.

Coming to Harvard in 1950, Dr. McDermott has served most recently under the titles of assistant clinical professor of surgery and associate visiting surgeon at Massachusetts General Hospital. He has been responsible for organizing the postgraduate course in surgery and participated on the subcommittee for the third and fourth year curriculum.

Edward P. Churchill, John Homans Professor of Surgery, *Emeritus*, has credited Dr. McDermott as a surgeon of "great skill and competence." He has also remarked that "Dr. McDermott's work on ammonia metabolism with clarification of the so-called hepatic coma

has been one of the outstanding contributions of the department at the MGH in the past several years."

Awarded the ETO Ribbon with five battle stars for his 27 months of service in the European theater of operations, Dr. McDermott also received the Bronze Star for distinguished service. He is a diplomate of the American Board of Surgery, a member of the American Surgical Association, the Society of University Surgeons, the Boston and New England Surgical Societies, editorial board of the *Journal of Surgical Research*, and the executive board of the Medical Foundation of Boston.

Dr. Leavell Retires

On August 31, Hugh R. Leavell '26 will become Professor of Public Health Practice, *Emeritus*. On his retirement he will join the Ford Foundation as consultant and advisor to the director of the Indian government's Institute of Public Health Administration and Education in New Delhi.

Dr. Leavell has served the cause of public health in this country and abroad for more than a third of a century. Professor and head of the department of public health at the University of Louisville School of Medicine from 1938-45, he joined the Harvard faculty in 1946. As part of a broad review of graduate public health education, undertaken by the Association of Schools of Public Health, Inc., he recently completed a six-month pilot study of the role of schools of public health education in international teaching and research.

In 1961, he was presented the Lemuel Shattuck Award, given annually by the Massachusetts Health Association to the person who has made notable contributions in the field of public health.

Dr. Leavell



Promotions and Appointments

R. CANNON ELEY, clinical professor of pediatrics
 DWIGHT E. HARKEN '36, clinical professor of surgery
 WILLIAM A. MEISSNER, clinical professor of pathology
 RICHARD P. STETSON '26, clinical professor of medicine
 THOMAS A. WARTHIN '34, clinical professor of medicine
 HAROLD AMOS, Ph.D., '51, associate professor of bacteriology and immunology
 JOHN D. CRAWFORD, 2d, '44, associate professor of pediatrics
 JESSE F. SCOTT, associate professor of oncologic medicine
 THOMAS E. CONE, JR., associate clinical professor of pediatrics
 FRANCIS M. INGERSOLL '38, associate clinical professor of gynecology
 THOMAS C. JONES, associate clinical professor of pathology
 ALFRED KRANES '30, associate clinical professor of medicine
 GEORGE NICHOLS, JR., associate clinical professor of medicine
 GREGORY ROCHLIN, associate clinical professor of psychiatry
 EDGAR B. TAFT, associate clinical professor of pathology
 PETER F. CURRAN, Ph.D., '58, assistant professor of biophysics
 CHARLES L. EASTERDAY '49, assistant professor of obstetrics and gynecology (at the Boston Lying-in Hospital)
 FRANCIS X. FELLERS, assistant professor of pediatrics at the Children's Hospital
 RICHARD A. FIELD '50, assistant professor of medicine at the Massachusetts General Hospital
 POUL GRON, assistant professor of dentistry at the Forsyth Dental Infirmary
 LESTON L. HAVENS, assistant professor of psychiatry
 VICTOR D. HERBERT, assistant professor of medicine
 MORRIS J. KARNOVSKY, assistant professor of pathology
 SAMUEL L. KATZ '52, assistant professor of pediatrics at The Children's Hospital
 STEPHEN M. KRANE, assistant professor of medicine at the Massachusetts General Hospital
 EDMUND C. C. LIN, Ph.D., '57, assistant professor of biological chemistry
 ALAN B. LITTLE, assistant professor of obstetrics and gynecology
 JOHN C. NEMIAH '43B, assistant professor of psychiatry
 DAVID D. POTTER, Ph.D., '56, assistant professor of neurophysiology and neuropharmacology
 JEAN P. REVEL, Ph.D., '57, assistant professor of anatomy
 AGNES B. RUSFIELD, assistant professor of pathology at the Children's Hospital
 ALEXANDER M. RUTENBURG, assistant professor of surgery at the Beth Israel Hospital
 GENE M. SMITH, assistant professor in psychology in anesthesia at the Massachusetts General Hospital
 GEORGE SZABO, assistant professor of anatomy in the department of dermatology
 DONALD F. H. WALLACH '53, assistant professor of biological chemistry
 HERBERT WELLS, assistant professor of dentistry
 JOHN B. WEST, assistant professor of medicine at the Massachusetts General Hospital
 GEORGE F. WILGRAM, assistant professor of dermatology

The following members of the teaching staff have been promoted to faculty rank:

DAVID W. ALLEN '54, associate in medicine
 DEWITT C. BALDWIN, JR., associate in pediatrics at the Forsyth Dental Infirmary

NORMAN W. BELL, Ph.D., '59, associate in psychology in the department of psychiatry, McLean Hospital
 PHIL COHEN, associate in medicine
 RAMZI S. COTRAN, associate in pathology
 JOHN E. CRAIGHEAD, associate in pathology
 MARTIN H. FLAX, associate in pathology at the Massachusetts General Hospital
 IRVIN M. FRIEDBERG '56, associate in dermatology at the Beth Israel Hospital
 MARC A. FRIED, associate in psychology in the department of psychiatry
 DONALD B. GIDDON, Ph.D., '61, associate in ecological dentistry, Harvard School of Dental Medicine
 NORMAN I. GOLD, associate in biological chemistry in the department of pediatrics, Children's Hospital Medical Center
 JEROME A. GRUNT, associate in pediatrics at Children's Hospital Medical Center
 CLIFFE D. JOEL, Ph.D., '59, associate in biological chemistry
 ROGER T. KELLEHER, associate in psychology in the department of pharmacology
 RAYMOND N. KJELLBERG, associate in surgery at the Massachusetts General Hospital
 JAN KOCH-WESER '54, associate in pharmacology
 EDWARD A. KRAVITZ, associate in neurophysiology and neuropharmacology
 ERIC H. LENNEBERG, Ph.D., '56, associate in psychology in the department of psychiatry, Children's Hospital Medical Center
 DONALD B. MARTIN '54, associate in medicine at the Massachusetts General Hospital
 ROBERT G. MONROE, associate in pediatrics at Children's Hospital Medical Center
 JOHN NALBANDIAN, HSDM, '58, associate in periodontology, Harvard School of Dental Medicine
 DAVID G. NATHAN '55, associate in medicine
 PHILIP J. SNODGRASS '53, associate in medicine and Henry A. and Camillus Christian Fellow in Medicine
 ERNEST PAGE, associate in biophysics
 ELMER P. PFEFFERKORN, Ph.D., '60, associate in bacteriology and immunology
 DOUGLAS R. WAUD, associate in pharmacology
 HENRY D. WEBSTER '52, associate in neurology at the Massachusetts General Hospital
 RICHARD E. WILSON, associate in surgery
 ROY E. WUTHIER, associate in biological chemistry at the Forsyth Dental Infirmary
 ERNEST M. BARSAMIAN, clinical associate in surgery
 EDWARD M. DANIELS, clinical associate in psychiatry
 GORDON A. DONALDSON, clinical associate in surgery
 ALLAN L. FRIEDLICH, JR., '43A, clinical associate in medicine
 PAUL F. GRYSKA, clinical associate in surgery
 JOHN G. HARTER '53, clinical associate in medicine
 PAUL G. HUGENHOLTZ, clinical associate in pediatrics
 CHARLES E. HUGGINS '52, clinical associate in surgery
 RALPH J. KAHANA, clinical associate in psychiatry
 MARTIN J. KAHNE, clinical associate in psychiatry
 STANLEY S. KANTER, clinical associate in psychiatry
 GERALD K. KLIERMAN, clinical associate in psychiatry
 HAROLD W. RUBIN, clinical associate in obstetrics and gynecology
 PRISCILLA D. TAFT, clinical associate in pathology
 KENNETH J. WELCH '43B, clinical associate in surgery
 EARLE W. WILKINS, JR., '44, clinical associate in surgery
 CONGER WILLIAMS, clinical associate in medicine
 WILLIAM D. WINTER '47, clinical associate in pediatrics
 NORMAN E. ZINBERG, clinical associate in psychiatry



Harvard Medical Chorus

Undaunted by inclement weather, the Harvard Medical Chorus closed its successful 5th season with an informal serenade in Vanderbilt courtyard on May 14 — the basses and tenors clutching a large umbrella, the distaff side dripping wet, their music running purple ink. This trial by flood was followed by refreshments and a songfest at the home of Dr. Jim Walker, Chorus Director. The 6th season begins October 1, at 6:00 p.m., at the Boston Lying-in Hospital, under new conductress, Miss Emily Romney. Those interested in joining are welcome — and assured that concerts are usually dry.

Regional Activities

Harvard Alumni in the Rocky Mountains

The 14th Annual Harvard Lecture of the Rocky Mountain Chapter of the Harvard Medical Alumni Association was presented in Denver, Colorado, by Dr. Charles Janeway, Thomas Morgan Rotch Professor of Pediatrics, on "Deviations from the Normal Patterns of Immunological Development in Man." Given on February 28, the lecture was followed by dinner and an informal talk with Dr. Janeway at the Denver Country Club. Hugh H. MacMillan, Jr., '40 and George D. Wilcox 3d '46 retired from office, and F. Henry Reynolds '32 was elected president of the group, with Robert G. Chapman '52 as secretary-treasurer.

The following morning Dr. Janeway gave a clinic; the afternoon was highlighted by a lecture to the group attending the Pediatric Clinic Days at the medical school.

Harvard Medical Society of New York

The May 9 dinner meeting of the Harvard Medical Society of New York got off to a resounding start with the presentation of 11 nominees for membership by Dr. Robert C. Darling, Chairman of the Membership Committee.

Paul Clapp	'51
Willard Dalrymple	'46
C. Pinckney Deal	'58
William L. Green	'54
Erwin O. Hirsch	'46
Raymond B. Hochman	'56
Charles S. La Monte	'60
John R. Mote	'35
Robert T. Potter	'52
Carl R. Wise	'32
Charles W. Young	'56

All were duly elected.

Dr. Donald Louria, chairman of the nominating committee, presented the slate of new officers which was unanimously approved:

Otto E. Billo '35	President
Harvey S. Collins '43B	Vice-President
William B. Seaman '41	Sec'y-Treasurer

The program turned to an exposition of the "Program for Harvard Medicine." Among the special guests that represented the "Program" were General Chairman, Ridley Watts; Dr. Russel H. Patterson of the Executive Committee; and Laurence O. Pratt, Program Manager. Dr. Langdon Parsons, Director of Alumni Relations, spoke first, briefly, about the goals of the HMAA. Dean George P. Berry cited the crucial need for more doctors and more educators, a consequence of the population explosion and the explosion in knowledge and technology. He spoke of Harvard's effort to expand basic facilities and endowment, and referred to the "re-articulations" of hospitals and their bearing upon hospital-physician relationships.

Dr. Claude Forkner, National Alumni Chairman, concluded the evening with a short summation of the program's goals. The meeting was adjourned at 10:00 p.m.

Program Notes

An unrestricted grant of \$250,000 to augment Faculty of Medicine salaries has been awarded by the Richard King Mellon Charitable Trusts of Pittsburgh. This sum, added to the Richard King Mellon Fund, created in 1962 from a gift to support teaching and research at the Medical School and its Associated Teaching Hospitals, brings the Fund's total to \$350,000.

The grant, to be credited toward the \$58 million goal of the Program for Harvard Medicine, raises the Program total to \$33.5 million.



Mr. Toohy



Mr. Cumings

General Chairman Ridley Watts has announced two appointments "that will add significant new strength" to the Program's leadership: Thayer Cumings (Hvd. '26), recently retired Vice President of Batten, Barton, Durstine and Osborn, has been named Vice Chairman, to serve on a volunteer, full-time basis. He will assist Mr. Watts in directing the national effort, with special responsibility for guiding the Program's appeal to business and industry.

John J. Toohy (Hvd. A.B. '21, A.M. '23), Vice President of Olin Mathieson Chemical Corporation, will head a newly formed Corporations Committee, whose task will be to select and approach prospective sources of major gifts among the nation's leading business firms. He is currently a member of the Program for Harvard Medicine's Executive and National Committees.

The final plan for the Gardner House parking facilities projected by the Children's Hospital Medical Center. The multilevel structure will exit onto Avenue Louis Pasteur.

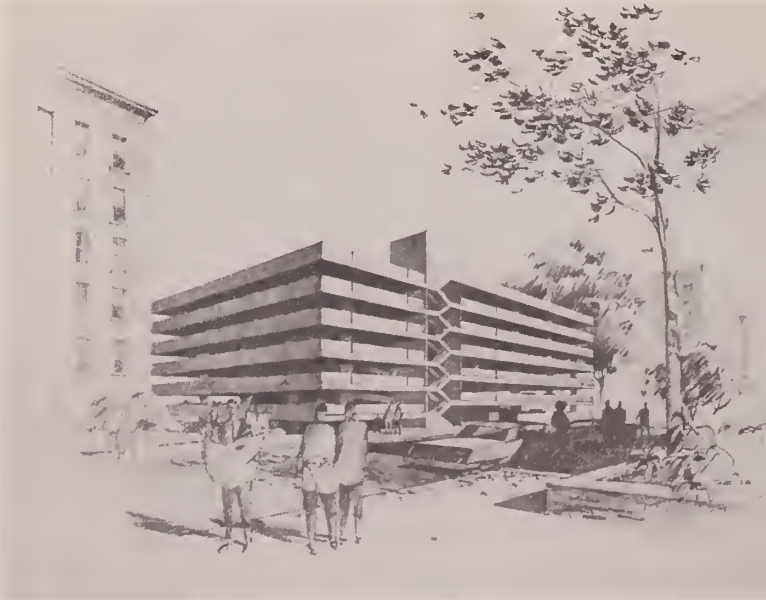




photo by Herman Goslyn

*"Skybreaking" (above) and broken ground for the
Countway Library. (Huntington Ave. in background)*

photo by Susan Scharff



The Price of Progress: a lament.

When oft in course of hectic work I gazed
Through murky pane of window high
In search of wider view,
I saw outlined against the sky
The branches of a tree.

No noble oak was this, spreading its shade for passersby
But an elm of poor demeanor
Blighted by soot and soured soil
Which reached for summer sun twixt marble walls.

This tree, unnoticed by the crowd, still served
To smooth the brow of troubled thought.
Swinging in winter's gales or
Tipped with starlings in sunset light of the first days of
spring
Its thin branches soothed the eye
And helped perspective grow.

All this is past. The tree has gone.
A dreadful engine hacks away the bank on which it grew.
The peaceful whining of the wind, the twittering birds
are fled.
The air fills now with diesel's roar
And clang of working metal.

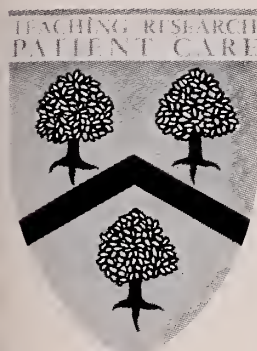
Noble purpose will be served,
As further walls to house the best of human mind
Grow up to fill this pit.
Yet one poor dean in hectic work engaged
Gazing through murky pane of window high
In search of wider view
Finds only shovels' ugly boom against the sky.
His tree is gone
And peace.

DR. GEORGE NICHOLS

Peter Bent Brigham Hospital 50th Anniversary

"More than most institutions, the Brigham is, in Emerson's sense, the lengthening shadow of great men," remarked Dr. Berry at the Peter Bent Brigham Hospital's 50th anniversary awards dinner, May 30.

The dinner, which culminated a two-day anniversary reunion attended by some 1,000 doctors, nurses and friends of the hospital from all over the world, honored 11 alumni for their "achievement in medicine for humankind wherever." To commemorate the present as well as the past at the banquet, trustee chairman Alan Steinert presented the corporation's youngest member, J. Linzee Coolidge, with a metal time box containing 29 items ranging from drugs to magazine articles. The box will be opened in 2013, A.D.



Dubbed a family affair by tradition — the Brigham staff has referred to itself as a "family" since its early days — the reunion performed the dual purpose of renewing old friendships and exchanging new professional

ideas. The program, which was created in a "serio-festive vein," included dedication ceremonies for the hospital's new facilities, Coolidge House and the Blood Center, and the unveiling of a new portrait of Peter Bent Brigham.

A satirical, staff-conceived theatrical, "Brigham Past, Present and Future," leavened the daily course of three-hour scientific sessions in which 24 of the hospital's eminent physicians participated. These included 11 individual



talks running the modern medical gamut from molecular biology to the latest in patient care, as well as symposia on hypertension and transplantation. Special meetings for nursing and dietetic alumni were also held.

Officially and unofficially, wheels have been in motion for this half-century celebration since last year. Governor Peabody and hospital president Alan Steinert cut a commemorative cake on the hospital's original opening date, January 27, and last February on the founder's birthday, the hospital unveiled its new official crest (left) honoring its half-century lifetime. David McCord has authored a new history of the hospital, *The Fabrick of Man*, given each registrant at the celebration.

The 11 Brigham Alumni honored at the banquet are: (l. to r.) Dr. Charles A. Janeway, physician-in-chief, Children's Hospital, and Thomas Morgan Rotch Professor of Pediatrics; Mrs. D. A. Andrews for Dr. Joseph B. Howland (posthumously), superintendent of the Brigham 1919-1939; Dr. Pyn Muangman, president of the Radiological Society of Thailand, chairman, Medical Science Section, National Research Council, Bangkok; Dr. Paul B. Beeson, physician-in-chief of the University Service at Grace New Haven Community Hospital, Ensign Professor of Medicine, chairman of internal medicine at Yale; Dr. Wilder Penfield, Director, Emeritus, and Honorary Consultant, Montreal Neurological Institute, professor of neurology and neuro-surgery at McGill University; Dr. Frank L. Horsfall, Jr., president and director, Sloan-Kettering Institute for Cancer Research; Sir James P. Ross (Knight Commander Victorian Order), director, British Post Graduate Medical Federation, University of London; Miss Agnes Gelinis, chairman, department of nursing at New York's Skidmore Hospital; Dr. Robert M. Zollinger, chairman, department of surgery, Ohio State University; and Dr. Salvador Zubiran, director of Hospital de Enfermedades de la Nutricion, Mexico. With them are Alan Steinert, president of the Brigham, and Gen. Robert Cutler, Honorary chairman of the Brigham's board of trustees.





Inside HMS

Interval Note from Penobscot Bay

When they talk about days of luxurious uneasiness in Pompey's Head or at ten North Frederick or wherever, they haven't savored those few weeks which separate Class Day at the medical school and the beginning of internship. These are days, if one isn't careful, when thoughtful self-examination dogs each moment of inactivity. Only forced marches over spacious fairways, to the tennis courts, or into the autobiography of Siegfried Sassoon or three detective stories by Josephine Tey — only these can allay festering Thoughts of Going to Work.

It is not the spectre of work, itself, which haunts these days, however: it is the lack of temerity with which we see ourselves *masterminding* a clinical situation, barking imaginative commands to a vast phalanx of nurses, orderlies, technicians, telephone operators, ambulance drivers and newspapermen (especially the latter, who are looking for medicine men who have "a way with words"). There is a great welling-up in our collective bosoms of desire for a position in a small, orderly chronic disease hospital, whose vast library holdings whisper of John Shaw Billings, where a thoughtful, gentle, almost pastoral life in medicine may be pursued, while our personal collections of reprints swell with each delivery of mail. Instead, a moment's pause in these hectic weeks dedicated to escapism provokes the realization that shortly the emergency will become routine and that the even-tide repast — once the sanctum of witty and cosmopolitan conversation — is reduced to nothing more than a refueling (if that).

The water of Penobscot Bay is roily as I write. It is raining and there's no golf to be played. I am tired of Siegfried Sassoon, but not exasperated enough to begin reading more about medical emergencies. I keep telling myself that drink is not the answer, although the unceasing wash of the sea against the "rock-bound coast" and the raucous chatter of kingfishers and hummingbirds

is fully enough to keep the key to the liquor cabinet hot in one's palm. Nervous between-meals snacks without surcease have enhanced my abdominal girth by several spans. I have managed to read the preface several times to a little book entitled *Clinical Disorders of Iron Metabolism*, but have gotten no further. It is a damned good preface, I might add. The fog has taken away the Camden Hills and Searsport and all of the other landmarks of reality that I have come to trust in the past few harried days. All I need is another month or so to put my psychological house in order, that's all, then I can begin interning; but as it is now, with just a few days left, all of life seems to be taking on a quality of waxy flexibility waxy flexibility waxy flexibility . . .

And in the midst of this frantic anticipation very little keeps us going, except 1) knowledge that at this very moment the Alumni Association is hard at it composing a letter telling of its desperate need for our good-will and 2) Yes, Virginia, ground *has* been broken for the Countway Library. We take with us very much of Harvard: the most unique association of one hundred-and-thirty-one individuals we will ever know.

The editors extend their thanks to Paul "Pepper" Davis '63, author of Inside HMS for the last two years. We are pleased to announce that his column won for the Bulletin a coveted Special Recognition Award in this year's national American Alumni Council magazine competition.



Writing comes easy, it is said, for many persons, who can knock off a sonnet or an essay or even a Perry Mason at the drop of anything light; not so with this hesitant diagnostician, who carves out sentences with or without ideas as the pondering scribes of a previous era carved their cuneiform syllables from the barely plastic clay. But easy writing, as Thackeray is said to have said, makes damned hard reading, although the converse does not necessarily follow.

An interesting observation, in respect to communication, is its relation to the meteorologic aspects of nature, even as rain dampens the spirits or the sun causes them to rise. But more of this later. Those of his friends who once accompanied the late Dr. Robert Nye to his remote island in Moosehead Lake in the years before the war will remember the great charts he had had printed, one for each day's sport, with their lines and columns presenting with uncanny precision every fisherman's catch according to species, weight and number and the fly to which they rose, the weather, wind and temperature and the fishing ground selected because of these elemental factors, all representing one of the great modern contributions to scientific accuracy.

Had Dr. Nye lived, a meteorologic triumph would have been achieved, and a new and select Clinical and Climatological Society might have come into being.

The piscatorial nostalgia stirred into motion by the recollection of those days and the methods by which the Volsteadian drought was broken on Moosehead Lake seems a far cry from the public lectures given at the Harvard Medical School on Sunday afternoons in the winter and early spring from 1918 to 1943; and yet a relation may be found.

The first series of 17 such communications was given from January 6 to April 28, 1918, inexorably each

week at 4:00 p.m. in the amphitheater of Building D. Included that year were such subjects as, "Social Hygiene and the War," "Teeth and Their Relation to Human Ailments: A plea for conservation" and "Child Welfare during the War" followed in seven days by "Child Welfare," regardless of international complications.

In 1920, "Child Welfare" led off the series of only 9 orations; the year's offering included, "Protection against Diseases Other than Smallpox," and "New Conceptions of the Structure of Matter," with no assist by the electron microscope. The following year saw the first of the sexually exclusive lectures — "The Hygiene of Pregnancy," (to women only) by Franklin S. Newell, familiarly known as "Chub;" the series included a homily on "Catarrh: Its prevention and treatment" by the chief of otorhinolaryngology at the then Massachusetts Charitable Eye and Ear Infirmary.

Such a recital can become or continue as a more or less unmitigated bore, depending on how the reader takes it; in 1924, with 17 lectures, the course was back in full swing, naturally skipping Easter. Easter was again omitted in 1925, but the gentlemen as well as the ladies had their private session. Otherwise, during the next few years, such exciting subjects were included as, "Public Health Aspects of Canned Food," "Health Conditions in Equatorial Africa Contrasted with Those in Countries Where Sanitation Prevails," "Health Problems of the Modern Boy and Girl," "The Warfare between Man and Insects," "Old Age," and "Diagnosis: Or determining what is the matter."

In 1937 came the modern breakthrough and something intangible was lost as science suddenly prevailed. This year found Philip Drinker discoursing on "Air-Conditioning and Health," and Soma Weiss on "Blood Pressure — Low and High." Most important, however, constituting a re-

search project in itself, was the initiation of a painstaking compilation of statistics, suitably tabulated, regarding weather and attendance, carefully recorded by no less a personage than Elmer F. Rider, Superintendent of Buildings, over his own signature.

This effort to establish a relation between attendance and the elements had as its apparent purpose the final discrediting of the old aphorism that it's always fair weather when good fellows get together, and the finding of an answer to the question whether people stay away from a public gathering on rainy days to keep dry, or whether they attend to get in out of the wet. Thus in that year of decision the attendance tied for first place at 367 on January 17, a cloudy day with a temperature of 45° F. and the subject "Blood Pressure — Low and High," with another cloudy day on February 21, 40° F., and "The Care of the Eyes" as a subject.

Incidentally, the attendance that year also tied for last place at 217 on February 14 with rain and a temperature of 50° and the subject "Surgical Aid in Lung Diseases," with a fair day and a 40-degree temperature on February 28 and the subject "The Anemic Child." In the vernacular, it don't make sense.

On another occasion 347 women flocked to the School on February 13, in a cold rain, to learn about menstrual disorders and the menopause, by Maestro John Rock, whereas both sexes had stayed away in droves on a lovely winter day, shunning a discourse on "Men, Motor Cars and Alcohol."

The all-time record high of 467 was established on a pleasant February 4 in 1940 when Paul White revealed some "Facts and Fancies about Heart Disease," and the low of 91 was recorded in 1941, in a March 9 snowstorm, when Reginald Fitz discussed "The Pathway of Medical Discovery." And thus, as H. W. Longfellow wittily phrased it, the tale ended.

DEADLY MEDICAL PROSE

“Good or Bad We’ll Publish It”

It has been less than 25 years since Sir Robert Hutchinson anticipated the suffocation of science in its own secretions.

That this bronchial fantasy has come within easy realization is the rallying cry of a crusade by certain medical educators. As long as “the literature” functions as an accrediting agency — to which increasing numbers of individuals apply as much for recognition as to communicate data — the increase in numbers of journals will outstrip the critical judgment of the field; people have to publish somewhere.

NOWHERE IS THIS DEPLORABLE STATE of affairs more delightfully summarized than in an address by Holbrooke Seltzer published recently in *Clinical Research*. Entitled "The Tan Journal," this spoof describes a new dun-colored monthly named *The American Journal of Everything* which fully recognizes "that any piece of investigation is publishable on the simple *a priori* grounds that the work was done," and bears the motto, "Your work — may it always be good enough to publish. But good or bad, we'll publish it."

However, the most unsettling aspect of the medical literature today is not its untidy growth or erratic standards; rather it is the fact that it is hopelessly dull, if not overtly soporific. The literature is built upon absolutely unpicturesque speech and cautious jargon which deceptively "oids" gaps in our knowledge. This decline is, in fact, paralleled only by the wane of the short story form in *The New Yorker* since the departure of Ross.

Part of the loss of excitement in the literature is the transition of medicine from the purely descriptive to the investigative stage, as Barry Wood has pointed out. Here quantitation is an obvious and necessary, but very heavy-handed, instrument. The age of data-worship has cudgeled all originality of expression from the medical journal, leaving us with little more than stodgy prose suspended precariously from a series of graphs. The premise of this essay is that those who publish — and nearly everybody does — have the responsibility to package their "product" effectively, to present data in an interesting way.

What, then, is wrong with almost every paper that is submitted, abstracted, edited, published or retracted? 1) It relies on a deadly vocabulary, and 2) it is encumbered with the philosophy of academic "hedging." Let us consider these two points in detail.

Stereotyped vocabulary is less the product of refinement of technical language than a reluctance to employ vivid adjectives. I fail to respond to the dignity which the term "diarrhea" purports to lend to a "morbidly profuse discharge from the intestines," and am much kinder disposed to the term "Tennessee quickstep" which prevailed during the Civil War. In the same functional and anatomical vein, how can the reader help but be provoked to historical reminiscence by recalling epidemics of the "bloody flux," as dysentery was known in stamp-tax times? Perhaps no term excites a blankness of expression more readily than "rickettsiosis," and it is attractive to speculate how much renewal of interest in typhus there would be if it were once again known as "putrid, malignant petechial fever," instead of "one of the rikettsioses." This literary loss is not only a deficit of picturesque vocabulary. It is as well the substitution of apparently more culturally acceptable phrases which are frequently less apropos, and a dreadful recourse to worn-out and functionless terms: "it is interesting to . . .," "more studies need to

be . . .," "in summary we do not mean to suggest, but rather to imply . . .," "paripassu," and "forme fruste."

I WOULD BE THE LAST to suggest that the scientific journal become a literary review, although it has today a literary tradition in its stereotypy. One need not be excessively frank to come to the conclusion that there are very few individuals in the academic medical mill who write passably, with the possible exception of the "professionals" such as Frank Slaughter, H. G. Magoun and Wilder Penfield. The unfortunate fact is that few who publish have any inclination to express themselves except in the most scientifically parochial and dull terms. At this point two questions may be asked. What is the matter with being "scientifically parochial," and does unimaginative style invalidate in even the remotest sense the data presented?

The answers dovetail. Data are limited in usefulness when they pass unnoticed; bad and/or unintelligible scientific prose encourages uncritical reading, decreases "readability," and frequently causes the reader to dismiss various papers summarily. Many authors turn readers away or put them to sleep — enveloping usually worthwhile data in abstruse, careless jargon — in what Lincoln Steffens might have called "the Shame of the Laboratories." Repetitive, meandering prose caused Roger I. Lee to write more than ten years ago that "the (medical) journals have . . . painfully reminded (me) at times of a cynical review of one of Henry James' novels: 'How Mary Smith stepped on Ann Brown's dress and nothing happened in several hundred pages.'"

What are some of the factors which lay the foundation for a paper which is entirely ineffective in presentation? 1.) Less commonly, the work is the product of such a disarticulated panel that no ultimate responsibility for clear expression is felt. 2.) More commonly, the work is inferior and the authors know it. 3.) Most commonly, the authors are "literarily lazy," as George Orwell has pointed out. In a letter recently published in *Clinical Research*, H. J. Roberts testily asked,

Of those who author papers, how many have personally done the research, personally written and edited the article, and then directly submitted the manuscript to a critical editorial board . . . (believing) this represents their best personal effort?

Publication does not atone for a slippery presentation. Literary laziness has the makings of a major epidemiological problem: it is the practice, which Orwell has designated as, "simply throwing open your mind and letting the ready-made phrases come crowding in . . . partially concealing your meaning even from yourself."

At one time or another we have all read introductions to various sections of textbooks. We have approached them with naive enthusiasm, seeking after the fabled "overview" we need on which to hang a perspective about the esoteric details we accumulate. Almost universally we come away from reading these introductions much less

The age of data-worship has cudgelled all originality of expression from the medical journal, leaving us little more than stodgy prose suspended precariously from a series of graphs . . .

enthusiastic, more confused, or asleep. The theme of these sections seems to be a summary of definitions building up to a climax of obscure names. Early in medical school we stumble upon a notable exception. Fuller Albright's delightful discourse in the medical text of Cecil and Loeb is an "anti-introduction" to endocrinology, picturesquely written, enthusiastic, without the rigid format we have come to accept. Such a style neither indicates a dilettante philosophy nor a denial of preciseness, but a responsibility to express thoughts attractively and reasonably clearly.

Let us now turn to the second major defect in the medical literature, the development of the academic "hedge." It is, more than anything, an outgrowth of our abhorrence of insecurity and an unwillingness to say something which might jeopardize a presently snug position. Such an attitude has led, according to Seltzer, to the discussion that is "replete with I-didn't-mean-it hedges — if 'The data may suggest . . .' then again, they may not . . . 'Results were essentially normal . . .' actually signifies '. . . but not quite.'" The maximum security seems to have been invested in the graph, and life measured out in ordinates and abscissas.

The graph has a dignity of its own beyond the merits of the data, particularly when its authenticating influence is extended into the area of the "total patient graph" or TPG. This is personified in a recent series of papers by V. Herbert, in which nine different parameters of a patient's hematological status were simultaneously plotted. The graph's remaining available space was filled with data pertinent to past history, diet, therapy and results of ancillary, non-hematological studies.

Vague distrust of insecurity has led the lonely scientific crowd to push the "team effort" and the multi-authored paper, as W. H. Whyte, Jr., has implied, a trend in the medical literature which can be most accurately described as the "anonymity of publishing in tandem." Multiauthorship absorbs the sting when things don't materialize quite as they ought, and provides a certain conviviality when they do.

THE ACADEMIC HEDGE HAS RESULTED in the deletion of boldness from the literature. Assuredly, it is easier to be bold when ignorant. Benjamin Rush exemplified

"Deadly Medical Prose . . ." was originally presented, in longer form, at the Boylston Society, of which Dr. Davis is a member. Winner of the 1963 Harvard Medical Alumni Association Award, he is currently interning at the Bronx Municipal Hospital Center in New York.

this quite succinctly in 1789 with his statement:

I have formerly said that there was but one fever in the world. Be not startled, Gentlemen, follow me and I will say that there is but one disease in the world. The proximate cause of disease is irregular convulsive or wrong action in the system affected. This, Gentlemen, is a concise view of my theory of diseases . . . I call upon you, Gentlemen, at this early period either to approve or disapprove it now.

This cannot be construed as fence-straddling; its extremist spirit, however, is refreshing when compared to the present-day barrage of what Seltzer calls "Mugwumpy," or ambivalent position-taking.

Although the "hedge" seems to be a literary fixture, a reaction has begun to the poverty of expression. The most significant, and the most literarily inept, reaction has been propagated in the past year's issues of the *American Journal of Diseases of Children (AJDC)*, refining a practice common in *Scientific American*, *The American Journal of Public Health* and several other publications.

The *AJDC* comments in the most colloquial fashion upon all of its material. On the title page of each contribution is a brisk, italicized note. For example, an article entitled "Persistent Neonatal Breast Hypertrophy," by Bluestein and Wall, was breezily introduced with the statement, "Here's how the Mae West syndrome is produced." The monograph of Giles *et al* on "Loucine Aminopeptidase Activity in Infectious Hepatitis" inspired this comment: "Fix these scattergrams in your mind and you'll be one-up in the interpretation of the very useful SGOT and LAP tests . . ." Editor Warren E. Wheeler '33 writes that:

it was my decision . . . to institute these (lead-ins) as a device to try to get reader attention. The concept that these should not be little summaries, but instead should alert the reader to look for a moral in the story is . . . essential. The lead-in as I have tried to write it is an invitation to critical reading.

The Lancet and the *New England Journal of Medicine (NEJM)* also seem restive under the contemporary pall which stamps out stimulating reading. *The Lancet* is actually the frontrunner in a group of British publications which are "notable exceptions" to the stereotyped form of present-day scientific writing, as A. B. Gutman points out. The *NEJM* persists in developing a certain liveliness which occasionally spills over from its editorial pages into the journal proper, with such papers as, "A Quantitative Study of the Perceptive Function of the Olfactory Organ," by a Boston architect, and poorly metered but inspirational doggerel such as P. J. White's "It Ain't Necessarily Frohlich's," I. N. Dubin's "Multiple Diseases," and "The Cocktail Party," by J. R. Dorgeloh.

ONE OF THE MOST SIGNIFICANT STEPS taken by the *NEJM* in recent years was publication of the report by Harvey Mandell entitled "Cellist's Chest." It is, without question, exemplary from the standpoints of picturesque speech, single authorship, and unmuddled thinking, as it is

so rarely practiced in the medical literature. The author describes his administration of a "challenge dose of cello," and makes his apology for failure to conduct a double-blind study, since "a suitable cello placebo could not be found." He soberly concludes that the incidence of what appears to be cobbler's chest in the musician can be etiologically deceiving, and that "in an affluent society history-taking must give equal importance to occupation and leisure activities." I wrote to Dr. Mandell to suggest that two other possibilities existed for style of publication of such a case, both consistent with modern trends: 1) the case could have stimulated an ambitious retrospective study of all of the clinic cases of pectus excavatum and xiphoid chondritis, or 2) it could have been described as "an interesting case intelligently discussed," including several infra-red photographs of the xiphoid area, histological specimens of the costochondral junctions, and a graph of pre- and post-concert urinary hydroxyproline levels.

Dr. Mandell replied that he, too, has been depressed "by the deadly medical prose issued by our leading medical centers . . . (and) amused by the puritanical severity with which my academic friends pursue their triple- and quadruple-blind studies." He adds, "Urinary hydroxyproline studies on my patient were within normal limits, but these data were discarded because he had eaten a sardine sandwich on the previous day."

In reviewing several volumes of the *NEJM* for this paper, I was struck by the phrase-turning in the titles of the Cabot Conferences in the 1930's and 1940's. It is hard to dismiss as dull, cases entitled "Foul Sputum in a Dyspneic Old Man," or "A Case with the Clinical Appearance of Neurosis but with a Fatal Termination," or "Can Sacroiliac Disease Explain the Symptoms?" While there are some significant exceptions, Clinicopathological Conference titles today rely heavily on non-titillating phrase like "Cough and Dyspnea," "Vomiting and Abdominal Pain," or "Swelling of Knee." The loss of gusto is painfully apparent, and we put the journal aside, intending to read it another time.

While these qualitative differences are difficult to evaluate in a numerically meaningful way, certain other changes in style — or differences in style among various

...the academic "bedge" is...an outgrowth of our abhorrence of insecurity and an unwillingness to say something which might jeopardize a presently snug position.

journals — can be quantitated. One method was suggested by Marvin Joslow of the Reading Institute of Boston, who at one time was interested in estimating the "readability" of various medical journals. He used an apparently statistically sound technique devised by Rudolph Flesch. This technique largely involves evaluation of representative paragraphs in an article, determining the average sentence length in words and the number of syllables per one hundred words. The formula is then:

1. Average sentence $\times 1.015 = P$;
2. Number of syllables/100 words $\times 0.846 = Q$;
3. $206.835 - (P + Q) = \text{Readability Index}$.

See Table 1 for reference scale:

Employing the Readability Index, I compared the *NEJM* of 1963 with the *NEJM* of 1932, and evaluated three leading medical journals for ease of perusal. The results were entirely consistent with notions which prevail regarding these publications. The method of evaluation was modified in the following manner. Four consecutive papers were analyzed in the latest current issues of the *NEJM*, *Lancet* and *Journal of Clinical Investigation (JCI)*, as well as a 1932 issue of the *NEJM* whose number coincided with that of the current *NEJM* evaluated. Results are found in Table 2.

Several conclusions are clear: 1) *The Lancet* is the most perusable of the journals investigated, while the *JCI* is definitely less digestible, and 2) the 1932 *NEJM* has a much healthier index than its contemporary edition. This is exactly what we would have predicted, being aware of the lively tradition of *The Lancet*, the stolid character of *JCI*, and the transition of the medical vocabulary from the descriptive to the biochemical and polysyllabic. The data indicate that while there has been but a one per cent

Index	Type	Syllables/100 words	Average Sentence Length
90-100	Comics	123	8
80-90	Pulp fiction	131	11
70-80	Slick fiction	139	14
60-70	<i>Time</i>	147	17
50-60	<i>Harper's</i>	155	21
30-50	Academic	167	25
0-30	Scientific	192	29

Table 1. Comparison of "Readability Index" of various types of current publications. (Courtesy of the Reading Institute of Boston)

rise in sentence length in the comparison of the current and 1932 *NEJM*, the number of syllables per hundred words has increased twenty-five per cent. While it is fair to blame the inexorable progress of technology — and its accompanying language — for much of the change in readability index, another factor merits indictment. This is a specific modification of “hedging” which may be called “multi-syllabic cover-up.”

Walter Roberts begins to define it in *The Organization Man* when he describes the gross differences between science as it is practiced and science as it is reported. He suggests that some decades ago a scientist would say, “‘I was working on such and such a reaction when I dropped (in) some sulfuric acid by mistake. When I examined it I found, to my surprise, a strange thing going on. . . .’ But today nobody would write it up that way.” Gerald Holton continues the thought:

It is part of the game to cover up the transition from the private to the public state, to make the results in retrospect appear neatly derived from clear fundamentals. . . . Months of tortuous wasteful effort may be hidden behind a few elegant paragraphs, with the sequence of presented development running directly opposite to the actual chronology, to the confusion of students and historians alike.

Thus, not only are discussions riddled with parenthetical

hedges, but simple reporting of material may become a diversionary maneuver in which defective thinking is rectified after the fact.

EARLIER I ALLUDED TO THE MULTIAUTHORSHIP TREND. By “multiauthorship” I mean a philosophy as much as the actual fact. We are all well aware of the sociological implications of the “group effort.” Occasionally, however, we hear that multiauthorship is the logical extension of “the multidisciplinary approach” to a problem, which may mean that the problem was poorly defined initially and has turned out to be much more complex than anyone ever imagined. Frequently the multiauthored paper is not a collaboration in even the loosest sense, but rather a fortuitous association of an investigator and grant-laden fellows who have wandered into the lab looking for a project of their own. Only the magnanimity of the eldest investigator decides how much room there is at the top of the paper for names.

The multiauthorship trend is fairly extensive. W. H. Whyte, Jr., has published some figures on sociological and psychological journals which show a strong shift to the right from the singly-authored monograph to what W. Roberts calls the multiply-authored “polygraph.” For a comparison with the medical field, I evaluated this trend in the *NEJM* during the past thirty years. (See Table 3.)

Article	Average Sentence Length	Syllables Per Hundred Words	Readability Index
<i>Lancet</i>			
Byrom	51.8	184	-1.47
Brooks et al.	25.6	183	26.03
Koren et al.	23.8	180	30.53
Bass	23.8	175	34.73
Average			22.45
<i>J. Clin. Invest.</i>			
Whang et al.	44.4	199	-6.47
Jandl et al.	30.6	193	12.63
Cleton et al.	28.6	196	12.83
Mahon et al.	17.4	226	-1.77
Average			4.30
<i>NEJM 1963</i>			
Valkenburgh et al.	44.8	170	17.39
Frohman et al.	18.8	195	22.73
Smith et al.	21.2	206	11.33
Schapiro et al.	37.4	188	9.83
Average			15.45
<i>NEJM 1932</i>			
Viets	26.4	192	17.93
Emery, Jr.	20.0	191	25.23
Duggan	30.8	186	18.73
Gregg	20.4	180	34.13
Average			24.00

Table 2. Comparison of several medical journals on the basis of “Readability Index,” modified after the method of Flesch.

Volume	Year	Number of Authors (expressed as per cent of total papers in volume)						Total Papers	Ratio Single/Multiple Authors
		1	2	3	4	5	6		
206	1932	72	22	2	1	3		110	2.56:1
226	1942	51	32	13	2	0		92	1.08:1
246	1952	28	34	20	15	3		110	0.39:1
266	1962	19	34	31	7	8		168	0.23:1

Table 3. Comparison of authors contributing to papers in four volumes of the *NEJM*.

The data confirm the inclination toward collaboration.

There are, of course, rare authors who are not afraid to be enthusiastic. Unfortunately some of these reply upon such a haze of redundant phrasing that the reader is left without a clear idea of what has happened. In their recent paper, "Choriocarcinoma of the Thymus," Jernstrom and McLaughlin write the following introduction:

To accentuate the curious and startling nature of this uncommon, inconsistently chronicled, highly malignant neoplastic entity, the following case is presented . . .

They continue their multi-adjective salvo at the beginning of their discussion: "Choriocarcinoma is an exceptional, highly specialized, histologically spectacular, extremely malignant neoplasm." The redundancy is unfortunate, but the literary spirit is willing; only the use of terms such as "startling" and "spectacular" will maintain the reader's interest in what is patently an oddity of the first water.

Another bright spot is *The Complete Plain Words*, a titillating little aid to the prose writer by Sir Ernest Gowers. It is to this source that many of the British scientific writers have recourse when they begin putting together their data. An elementary textbook which pares away the "ready-made phrase," it flays the indolent writer who begins writing without knowing what he wants to say, completes his work not knowing exactly what he has said, but thankful that he has not committed himself to any definitive stand. This is the writer who gets caught up in his "essentiallys" and "not invariablys," and concludes with a statement like "the fact that *Pseudomonas aeruginosa* was cultured from half our patients may have been more than fortuitous." The fact that occasional lapses occur in the British literature is pointed out in a diplomatic gesture by Gowers in *The Complete Plain Words*. The following statement is taken from *The Lancet*:

Experiments are described which demonstrate that in normal individuals the lowest concentration in which sucrose can be detected by means of gustation differs from the lowest concentration in which sucrose (in the concentration employed) has to be ingested in order to produce a demonstrable decrease in olfactory acuity and a noteworthy conversion of sensations interpreted as a desire for food into sensations interpreted as a satiety associated with ingestion of food.

This is a classic example of the author caught up in himself, trying to capture his project's spirit in one sentence.

A FINAL BRIGHT SPOT has been mentioned by Dr. Wheeler, whose colloquialisms in the *AJDC* have already been discussed. A totally different aspect of these "attention-getters" is their function as a criterion for manuscript acceptance. Dr. Wheeler writes that:

on a number of occasions we have received manuscripts from the reviewers with an opinion that the manuscript was acceptable, but when we sat down to write a lead-in, we found we couldn't think of any good reason why our readers should read it. We have then turned around and rejected the manuscript.

This is a rare exercise of judgment. Certainly a contributing factor in decreasing the readability of certain journals is the fact that the editorial board has lost contact with its reader population. It would seem that a review of the interests of readers is in order when an editor feels, as does Dr. Gutman, that he has to intrigue reader interest in admittedly abstruse articles.

What can we say in conclusion with regard to the future of the present unpleasant trends? No improvement will occur in the medical literature from the standpoint of more definitive positions on issues, and the outspoken example of Benjamin Rush will probably remain an anachronism. The wane of picturesque speech will be perpetuated with further emphasis on impersonalization, and all the allusions to Francis Weld Peabody will not bring back honest acknowledgment of subjective feelings to the medical journal.

As Sir Robert Hutchison wrote in 1939,

It may be contended in reply to all this that the style of medical writings is not of much importance because these are read primarily for their matter. Unquestionably this is too superficial a view, for as Albutt said, "the man of science ought best to know that style and matter can(not) be dissociated . . . if we write clumsily, loosely or disjointedly, our thoughts are accordingly."

I would only urge that picturesque speech and clarity of expression, even in medicine, are not so bad; that if you have exciting data, they demand stimulating presentation; and that if you have unexciting data, it doesn't matter how you present them, there is always a journal in which to publish; that our medical inheritance includes an incredibly dull literature, whose inertia, while it needn't do so, will probably enfold us stealthily and sleepily.

N.B. The Readability Index of this essay is 22.73.



photographs by Maruja Rolando and Mr. Bela Sziklay

THE WAICA INDIANS OF THE ALTA ORINOCO

*by Dr. Marcel Roche
and John B. Stanbury '39*

THE ORINOCO RIVER forms a huge delta as it spills into the Gulf of Paria and the Caribbean Sea. From there it winds upstream for 1700 miles, first southwest across nearly the entire breadth of Venezuela, then south to form the border with Colombia, and then east to its headwaters at the Brazilian border deep within the jungle which is part of the great rain forest of the Amazon. W. H. Hudson caught the mystery and fascination of the river and its jungle in *Green Mansions*, more than half a century ago.

The Waica Indians, numbering about 10,000, live at the headwaters of the Orinoco, south of the Ocamo River and in north central Brazil. They are an isolated and primitive people who have had virtually no contact with the outside world. During April and May of 1962, they were visited by an expedition from the Instituto Venezolano de Investigaciones Científicas (IVIC) in the course of a program of medical and ethnological surveys of the aborigines of Venezuela.

The IVIC had established a small base laboratory at the malaria control station in Yababuee, situated about 75 miles from the headwaters of the Orinoco, where it is joined by the Mavaca. The malariology team, comprised of an officer, Dr. O. Catellani, and several assistants, had been working in the Waica territory for the past four years. The program has proved remarkably successful in controlling malaria, although the difficult terrain and migratory habits of the Indians have prevented its total eradication. By treaty the boundary between Venezuela and Brazil is marked by the origin of the river, its source having been discovered in 1951 by an expedition from the Venezuelan Government. Second in command was Professor J. M. Cruxent, IVIC archeologist-anthropologist, also a member of the 1962 survey.

In order to reach the base laboratory we were flown by Mr. Oscar Machado, Director of the Caracas Electric Company, from Caracas south to the winding Orinoco, and then upriver past uncharted 5,000-foot mountains. We finally landed at La Esmeralda (shown at left; Mt. Duida is in the background). Apolinar Diez de la Fuente founded it in 1760, but by the time of Humboldt's visit in 1800, it had all but disappeared and now is only a tiny mission. It has been celebrated for its clouds of insects, and we can testify this reputation is well deserved.

The remainder of the journey up the narrowing river was by outboard launch. Passing two or three Indian settlements, with the people lining the bluff along the river, the men with their bows and arrows, and none with a sign of clothing, we felt not at all like tourists.

Our principal source of information, apart from our own observations, was a remarkable man who has lived among the Waica for the past 12 years as a missionary of the New Tribes Missions — the Reverend James Barker of Chicago. His activities have included the first transliteration of the Waica language. Just before we left, Barker also left on a four-day trip downriver in a hand-powered dugout to fetch a bride who had until then worked as a missionary in a somewhat more civilized part of the jungle country.

THE WAICA VILLAGE is laid out in the form of a huge square, with shelter provided by a single plane roof of palm fronds inclined from the ground upward toward the center, leaving a large central cleared area as kind of patio. Each family group occupies an area of this shelter, and although there is no line of separation between them, each family has its own utensils, weapons, and hammocks. These settlements are relatively clean, for debris is customarily carried into the nearby jungle. A village site may be occupied for only a limited time, the villagers moving to a new location when fleas and other biting insects make life unbearable.

Apart from the unusual form and the transitory quality of the Waica village, one is struck by the fact that remarkably little seems to be in progress. There are a few children about, and the women in various family areas are either tending fires, spindling cotton thread, or relaxing in their hammocks. Some of the males are occupied with making arrowheads from wood or bone, but most sit on their haunches or recline in hammocks with a long roll of tobacco behind the lower lip. Both men and women have pierced ears for decorations with reeds, feathers or flowers.

The Waica do not make clothes; the nearest approach is a narrow woven band of coarse cloth, worn as a kind of sash over the shoulder to support an infant. The Indians showed an exaggerated eagerness to trade almost anything for clothing, not for reasons of fashion or modesty, but because it affords some protection against

Dr. Stanbury is associate clinical professor of medicine, and physician at the MGH. Dr. Roche, scientific director of the Instituto Venezolano de Investigaciones Científicas (IVIC), served as a medical resident at the Peter Bent Brigham Hospital in 1951. This account of the Waica Indians is not in any sense a formal anthropological document; a full account of the study will be published elsewhere at a later date.



The chief medicine man or healer of Yababue, with bow and arrow. The only source of medical care in this Waica village, his resources consist of ceremonies and chants for the sick and a few herbals of uncertain therapeutic value.

the insects. Most of the Indians showed many scars from previous skin infections, including leishmaniasis, and several infants had festering sores from infected insect bites.

The Waica culture is among the most primitive on earth. Stone is available, but they do not use it. All implements native to the people are fashioned of wood or bone. Utensils are made of burnt clay, and the only pottery is a rough earthenware bowl, with a narrow rounded bottom and widening sides. Oddly enough, Cruxent found a number of stone axes just below the surface of the soil in a clearing near one of the villages. Evidently either the Waica had used these tools in remote times and abandoned them, or they were used by another culture which formerly existed in the region.

No evidence was found of primitive art; even carving is limited to the construction of weapons. Excellent bows are carved from hardwood and strung loosely with a twine made from twisted fiber. The Waica do not employ the blow-gun, but their arrows poisoned with curare can paralyze a running animal in a few seconds.

NEXT TO NOTHING IS KNOWN about the health of these people. No medical survey has ever been made; the nearest physician is probably at least 200 miles away, and the nearest road running to the coast is 400 miles distant. Rev. Barker believes that infant mortality is approximately 50%, and that pneumonia is a common cause of death among adults.

Barker has introduced the art of artificial respiration for the revival of victims of the curare-tipped arrows in the course of the frequent wars between villages. He told of one revived after an hour and a half.

Accidents are usually attributed to supernatural causes. A child becomes ill when his soul leaves his body to wander or hide in some other part of the village. If the child recovers, it is because the search parties, sent out to find the lost soul, have succeeded in convincing it to return to the body. Other diseases are caused by a ghost gaining entry into the body. It can be expelled by noisy incantations, assisted by generous use of "ebene," or "yopo," a vegetable powder made from the leaves and seeds of certain plants, generally of the genus *Piptadenia*. These are softened with water, mixed with Yucca powder and broken shells, dried and ground. The patient is well cared for, fed, bathed, and made as comfortable as possible by his family and friends.

The dead are cremated on the family patio and the powdered ashes placed in a gourd, then sealed with bees-

wax. At some later date, the family and close friends of the departed gather to partake of a soup or stew made from these ashes mixed with plantain. Cannibalism in the usual sense is not practiced by these people and is viewed with horror.

THE WAICA'S DIET is reasonably varied, and the food supply sufficient; apart from their short stature, they show no evidence of overt malnutrition. For their meat the Indians depend primarily on larger animals, such as the monkey, tapir, and wild pig, although the armadillo, smaller rodents, birds and snakes are occasionally caught. Fish also abound, especially the piranha (called "caribe" in Venezuela). Various insects are considered a delicacy, and wild honeycomb with larvae is particularly prized. Bananas and plantain, sugar cane, corn, and several tuberous plants (including a kind of sweet potato), and manioc, or yucca, are grown. After being alternately soaked and squeezed to express bitter alkaloids, yucca has a flavor and consistency resembling the white potato.

The natives take ebene as a kind of snuff, administration varying somewhat from tribe to tribe. The Piaroas, for example, use a bifurcated bone of a bird, shaped with the two branches of the Y ending in a small ball of resin. This is introduced into the nose and the powder aspirated. The Waica, on the other hand, practice a peculiar method which requires an assistant who blows at one end of a three-foot hollow cane into his partner's nostril. The war-like Otomacos use it as a stimulant before combat, while



Above: A pensive young girl of the Alta Orinoco, beautiful in only the finery of the jungle. At left: Waica boys become skilled in weapon-making at an early age. Sometimes used as spears, the arrows are four to five feet in length and made from unusually straight cane. The shafts are feathered and tipped with points carved of wood or bone and dipped into a hot mixture of the bark of a vine containing the poisonous curare.





At left: Tobacco is cultivated and widely used.

The Waica roll the leaf with damp ashes, fashion it into a thick cord, and simply hold it in the mouth, behind the lower lip.

Below: Waica women have pierced ears and holes pierced in the margins of the mouth and midline of the lower lip for decoration.

Decorative also are the cords sometimes worn around the arm or leg or passed around the torso. A few women paint their faces, but usually facial makeup is limited to black smudges indicating bereavement.



the pacific Guahibos use the drug for pleasure or for religious reasons. The hallucinogenic and other effects are probably due to bufotenin and N, N-Dimethyltryptamine, although the variety that the Waicas use has not been studied as far as we know.

A Waica village is rarely composed of more than 120 persons. Public opinion overrides the opinion of any single person in matters of village policy or disputes. Except in time of war, there is no official chief; one or two of the older men have more influence in village affairs than anyone else. There seemed to be very few elderly people in the villages.

There is a sharp division of labor between men and women. The men hunt and fish and transport the game back to the settlement. They cultivate the ground and build frames for new dwellings, but the women collect branches and palm fronds to make the roofs. They also collect firewood and prepare the first meal of the day; after that everyone except younger children prepares his own food. When the village moves its quarters, it is the women who do most of the carrying.

The Waica are usually monogamous, possibly because there are relatively few women. Girls attain marriageable age at the first menses, but marriage may be arranged by parents as early as the ninth year. Plural wives are permissible, and a man may marry two or more sisters. A man may leave his wife and marry again, taking the children with him unless they are very young. Orphans are always adopted.

Marriages may be made within the group or with a member of a nearby village. In either case the match must be approved by the entire village. The rules are rather elaborate, and infractions are a frequent cause of tribal wars. Thus, if a male and his friends take a girl from a village which does not approve of the match, the offended village may attempt to recapture the girl, and war ensues.

Poisoned arrows are used at a distance, bows serving as clubs in hand-to-hand combat. Sometimes whole villages are plundered and destroyed, and the younger women carried off. As among other peoples, individual combats are sometimes staged and, if a personal challenge is accepted, the combatants fight with clubs or bows until one of them falls. Since the Waica cut their hair so that a bald tonsure crowns the head, one can often see healed scars on the scalp. Such wounds do not always indicate valor in combat. When a young Waica wishes to be married, he must ask permission of the girl's father, who

promptly deals tremendous blows on his head (presumably to test the young man's fortitude). If the suitor stands the test well, he will be accepted.

Childbirth is accomplished in the forest and is a noisy occasion both on the part of the parturient woman and those assisting her. The cord is severed with a sharp palm leaf, and the stump wrapped in leaves. The newborn infant is washed with water warmed in the mother's mouth, and the mother and child are then brought back to the village, the mother to return to her usual duties within a day or two. Virtually all the postpubertal females appeared to be pregnant.

THE WAICA BELIEVE in life after death and in a heaven and hell. Their religion is primitive and pantheistic, devoted primarily to placating the spirits thought to inhabit both animate and inanimate objects. Much of the ritual involves the use of ebene, the Waica believing that those under the drug's influence have more control over the spirits. At night the settlement and nearby forest paths are closed by cut branches to prevent the entry of hostile spirits. According to a Waica myth, the moon god was once wounded by spirits as he hunted on the earth. Man sprang from drops of blood that fell as he fled back to the moon.

It proved difficult to perform any investigative procedures on these people. Although they could be assembled at the field laboratory with relative ease, many of them quickly became disinterested, or suspicious, and quietly departed. The unpleasant taste involved in phenylthiourea taste-testing discouraged most of the subjects, and a considerable amount of work was wasted. It was still possible for Dr. K. Gaede of the group to demonstrate that, although these people do not have detectable enlargement of the thyroid, the uptake of I^{131} is 80 per cent and more, a fact that has been observed among other aborigines in Venezuela.

The trip back to La Esmeralda was uneventful. When the scheduled plane failed to arrive on the following morning, we set off down river with the hope of reaching a village with radio-telephone within a day or two. After a few hours on the river we were spotted by the tardy aircraft and returned to the mission outpost to find an ancient aeronautical machine and a bush pilot with baseball cap and cigar who announced that never again would he fly a single-motored plane into that part of Venezuela. There was ample time to reflect on the wisdom of this remark as we flew north over impenetrable jungle.

THE

UNDERGRADUATE



ORIGINS OF PHYSICIANS

by James P. Dixon, Jr., '43B

Twenty years after graduation in medicine I find myself having turned half-circle from medicine back to undergraduate education — narcissistically speaking, from the image of the healer to the image of the father. This is, I am discovering, a case of:

Vater, werden ist nicht schwer
Vater sein dagegen sehr.*
To become a father is not difficult,
but to be one is very difficult
indeed.

(Become a father, easy go.
Be a father, not quite so.)

The reason is that American undergraduate education is rapidly changing. And, circling back again to medicine, I can see that some of these changes need to be taken into account by postgraduate institutions, including schools of medicine.

In order to appreciate fully the effect of change, it is important to recognize that ours is a distinctively stratified educational system. In vertical dimensions

*Wilhelm Busch, *Julchen*.



it is designed to provide layers of increasing complexity through which, if one wishes, or one's parents wish, a person may travel from cradle to grave. In horizontal dimensions, our educational system has the rough shape of a cone with its base on the floor beside the cradle. Some critics would turn the cone over to stand on its point.

The undergraduate stratum of our system is popularly identified with the "liberal arts." This does not mean that it is culturally liberal. In fact, although peopled by liberals, it is a conservative system. That is, it eschews radical innovations and revolutionary change in favor of what is often a mixture of hope and piety misnamed creative evolution, but is, in fact, no evolution at all. Rather, it is a carefully guarded peaceful coexistence among scholars and their disciplines.

Undergraduate education, even when it serves other socio-economic groups, tends to be middle class in its values and responsive to nationalistic rather than global social concerns.

Most upward steps in the vertically stratified structure diminish the number of students who climb to the next higher level. Despite our public mandate for elementary and secondary education, only 70 per cent of the eligible population completes high school, only 30 per cent of these enter college, and 50 per cent of these remain to graduate from college. Of those graduating, only 25 per cent go on to graduate study, about half of whom go on to medical school — a graduate program in which, happily for society, there is very little attrition.

One part of our undergraduate apparatus is particularly self-conscious in its tropism toward professional training. This is the private institution, whose original purpose of preparing students for careers in medicine, law, ministry, education or public service continues to be strongly fulfilled.

The choice of such an institution by a student, John Holland* finds, is correlated with a high socio-economic status pattern, in which parents have high incomes, advanced education, and many books in the home. They see college training as a way to develop moral standards and intellectual abilities and to learn how to enjoy life. Their children reiterate these goals and values in explaining their selection. Unlike students selecting public colleges, they aspire to higher educational degrees. They have more verbal ability, and are characterized by personality traits which one associates with higher academic achievement.

We could well surmise here that the student who enters medicine from the private college will be different from the one who enters from the public institution.

*Holland, John. "Determinants of College Choice." *College and University*, Fall 1959, pp. 11-28.

The president of Antioch College since 1959, James P. Dixon, Jr., '43B is also chairman of the Air Conservation Commission of the American Association for the Advancement of Science, and a member of President Kennedy's Advisory Commission on Narcotic and Drug Abuse, the board of directors of the Scientists' Institute on Public Information, and the National Advisory Health Council.



Newly arrived medical students, Class of 1966, attending opening day exercises . . .

The process by which physicians are sorted out in the undergraduate community is not well known. A few weeks ago, as if with clairvoyant knowledge of these remarks, a half-dozen senior premeds at my college invited me to lunch. Inquiring into their fields of study, I learned that two were majoring in philosophy, one each in political science, literature, chemistry, and biology.

One would suspect that the undergraduate experiences of these six do not square with the high expectations that medical school admissions committees were said to have had in 1956 for high grades in chemistry and physics. At least these students would not have very much chemistry and physics beyond the most elementary levels. And more obviously, these young people did not perceive preparation in the physical sciences as a necessary prerequisite to the study of medicine. Medicine in their perception was as much a social science or a utilitarian extension of the human mind as a physical science.



... mirror mixed emotions as the Dean discusses the difficult but exciting challenges facing medical education.

After lunching with them, I asked myself whether we had properly prepared these young people to go on to medicine. This is a question that is nearly impossible to answer with any objectivity — let alone whether it makes any difference what kind of undergraduate education is best for medical school — for precious little is known about all the processes of teaching and learning. So little is known, indeed, that it is fashionable these days for educators to admit it.

Fred M. Hechinger, the education editor of the *New York Times*, is reported as observing on the occasion of a recent meeting of college presidents, "When college presidents meet, they agree that things are pretty bad." Such candor, however, does not arise from a spirit of defeat or a confession of *mea culpa*. It is merely an application to education of a principle long known in medicine as the doctrine of multiple causation, a recognition that the outcomes of social processes such as education are the result

of the complex interaction of many variables. Acceptance of this concept in education, for instance, is one reason why cautious educators are unwilling to say that either educability or education can be properly or fully measured by test scores.

Another object of this new introspection by education has been the proliferation of knowledge and disciplines. Almost within the memory of living man is the time when an educated man could grasp the fundamental concepts of all known disciplines and articulate them into working social concepts. Traditional liberal arts education in America is based upon belief in this possibility. Much of general education in our colleges today stems from the effort to produce a twentieth-century homolog of the Renaissance Man. Competition for time in our undergraduate curricula increases between the needs for general education and the concerns of major fields.

Among the professions, medicine and the law occupy an unusual vantage point in this competition. As specializations, law and medicine, unlike literature, sociology, or physics, are pedagogically discontinuous with the undergraduate experience. On the one hand, this reduces the temptation to encourage the premedical student to overspecialize: there are no members of his ultimate discipline within the faculty to compete for his attention. On the other hand, this lack of competition makes it highly possible to recruit able students to disciplines other than medicine.

In the growing competition between disciplines for the intellectual life of the undergraduate, some believe we should abandon present efforts to provide a general understanding of human existence and rational concepts. They criticize the heavy concentration of this material in the curriculum at elementary levels; this, they say, amounts in practice to exposure without understanding and knowledge without commitment to its use. The critics point out that the intellectual community gives higher status to specificity rather than generalization, to content rather than method. Such critics would suggest that the responsibilities for general education are now passing from the institution to the discipline, that perhaps we are approaching a point where a student is more urgently motivated to engage in continuing liberal learning by awareness of competence in a discipline than by well-meaning curiosity about the world. Implementation of this notion would require that more medicine be taught in premedical years, and that the disciplines of social science and the humanities, at advanced levels, be included in the medical school curriculum. Such a move might ameliorate what was recently referred to by a professor of preventive medicine as the shock of discovery by many medical students that medicine is more utilitarian than intellectual.

II

Colleges are notoriously resistant to change. Paul

Davis,* in a recent article, makes forty predictions of changes coming in colleges. He concludes:

"In this decade, the greatest change in colleges will be a change in the attitude *toward* change. In certain industries — chemical, petroleum, automotive — change is an accepted way of life. Certain other industries are resistant to it — railroads, mail service, buildings."

Colleges, he predicts, will change from the latter group to the former.

While Davis is undoubtedly correct in stating that the rate of change will increase, many changes have been evolving during the past twenty years. Some of them are:

1. A shift toward preparation for postgraduate study.
2. A shift from utilitarian to intellectual career choices.
3. A shift in values from naturalistic theism to secular humanism, and a new rise of fundamentalism in the shape of nationalistic theism.
4. An increase in the relative position of affluence of the scholar.
5. An increase of opportunity for women in high quality institutions.
6. A shift of the liberal political view from Marxian socialism to worldliness.
7. An unrelentingly compulsive quest for excellence, however defined.
8. A shift of the university toward government.
9. A growth in the educational autonomy of students.

What are the consequences to medicine of the emergence of this increasingly elite group of worldly humanist scholars, many more of whom will be women?

One consequence is that the best of them may not choose medicine as a career. And those men who do may be more attracted toward careers in the biomedical sciences, with the women choosing the practice of the art, which after all might be regarded as merely a formal extension of their informal cultural role.

If the rate of change increases in undergraduate institutions, I predict that it will be more a result of student demand and economic exigency than faculty innovation. For it is after all the students who are the character of an educational institution. And if students demand shorter routes to acceptance into the professional fraternity or more multidisciplinary content in their graduate education, they will get it.

We have already acknowledged the culture-bound quality of students' selection of colleges. But there are institutional programs, born more of necessity than of sound pedagogy, that are freeing students from familial

cultural parameters in their undergraduate years. I speak of the increased interest in nonresidential undergraduate education. Long a darling of the progressive education movement for pedagogical reasons, it has now been admitted by economic necessity. Colleges are hard pressed to meet the demands of newly affluent scholars, and hard pressed, also, to create new physical facilities. One relief from the pressure is to incorporate noninstitutional experience into the undergraduate program in the form of work, or independent research, or independent study, or foreign experience. Such nonresidential experiences seem to have the effect of jarring students out of their monocultural lethargy and increasing their appetites and opportunities for attack on conformity, including criticism of the conformity of their own colleges. I applaud these criticisms and would fondly hope that they grow more numerous. For they provide guides to ways in which the cultural gap between faculty and students can be narrowed.

III

Clairvoyants are in disrepute among the social planners. But trend lines are still in vogue. The changes in undergraduate education, particularly in private colleges, are in the direction of further development of a middle-class intellectual elite. Everywhere in higher education the emphasis is upon intellectual achievement, with increased emphasis upon disciplines. Some students and faculty are exploring the utility of the college as an agent of social change. The study and practice of medicine, which is a noncollegiate, multicultural multidiscipline, with a utilitarian outlook, must necessarily be affected.

One outcome would be a decrease in applications for medicine from students in private colleges, with a corresponding increase from those in public institutions. Another might be the incorporation into the medical curriculum of advanced material from the social sciences and humanities. A third might be a separation of the science of medicine from the art, with the rise of a new technology heavily populated by women to engage in the practice of the art.

Perhaps the wisest course is to file away such predictions, to be looked at again twenty years from now. For it is difficult indeed in matters of education to distinguish between fact and prejudice, except by filtration through the chromatograph of time. But the cultural evolution of man is outpacing his biological evolution. There are signs that we shall need a metaphysics for institutions as well as for persons. What better way to start than to add a Department of Educational Metaphysics to some medical school faculty, so that medicine itself may have first claim on the good works of the rising generation of humanist scholars and may continue its tradition of a great directing discipline, guiding man and his culture toward yet unknown improvement of the human condition.

*Davis, Paul H. "Changes are Coming in the Colleges." *Journal of General Education*, March 1962.

ALUMNI DAY



CLASS DAY

ALUMNI DAY

TRUE to the prophecy of the late Reginald Fitz ('09) that it "would never rain on Alumni Day," — well, hardly ever — it didn't. May 31 sparkled fair in approbation of the 14th. annual alumni gathering, busily attended by a mighty throng representing classes as early as 1901.

Retiring President John H. Lawrence '30, banging his gavel for the last time at the Association's annual meeting in Amphitheatre D, conducted the (unanimous) election of new officers: Herrman L. Blumgart '21, president-elect (to serve in 1964-65); and James Jackson '43A, secretary. William R. Pitts '33 began his duties as president after serving a year as president-elect.

Balloting for three new councilors resulted in the election of Wesley W. Spink '32, Thomas B. Quigley '33, and Charles D. Cook '44, to serve 1963-66.

Langdon "Bulldog" Parsons, celebrating his first Alumni Day as Director of Alumni Relations, announced that the Alumni Fund had "in hand" \$188,700 of its \$200,000 June 30 goal.

Late figures give us the pleasure of postscripting the announcement that closing figures show \$215,212 in the till. This is a new high and accrues from modest contributions by many Alumni (70%), not from large gifts by a few. Langdon Parsons and Dorothy Murphy, the motivating force for all Alumni activity, congratulated the Alumni on their masterful support during the past year. The Dean, too, added his enthusiastic expression of thanks.

Dr. Parsons called the support of the Alumni gratifying in its indication of their understanding of the School's needs. Particularly acute is the financial plight of the medical student. Sixty per cent of the students receive scholarships, loans, or fellowships — usually in combination; and with steadily rising costs, this need for assistance will certainly increase.

The School will not permit any student to accumulate more than \$4000 in debt during his years of enrollment. With "hard money" in hand the Dean can balance the need for aid on an individual basis. This would be impossible under the present AMEF program or governmental support.

Following Director Parsons' remarks on the Alumni Fund, Dr. Berry was presented the 25th Reunion Gift by class president Francis M. Ingersoll and Class agent Irad B. Hardy. Dr. Berry quipped that "Everybody knows how intensely interested in fertility he (Dr. Ingersoll) is, and how effective he has been in this field. In view of the fine production just reported, his interest in fertility is forever beyond dispute!"

Already touched by the excitement of welcoming in a new alumni director and the broadening horizons of alumni giving and goals, the assemblage greeted the morning symposium, moderated by Amherst President Calvin Plympton '43A, with an anticipatory lighting of pipes, recrossing of knees, and high good humor.

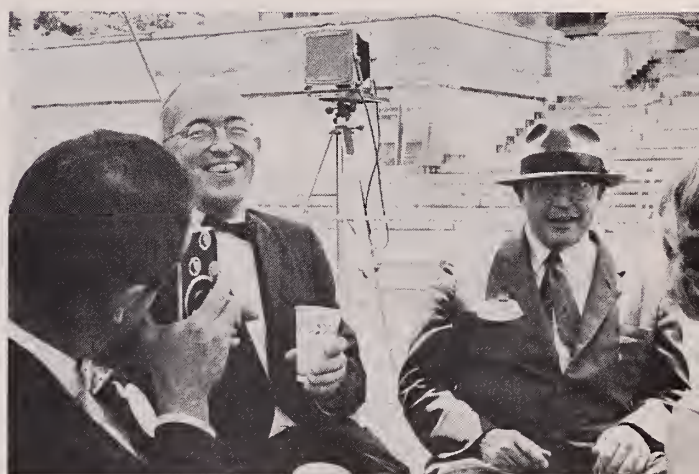


photographs by William Tobey





The trials of student days
may be forgotten,
but the conviviality
and nostalgia remain,
to be shared liberally
with fellow alumni
on the sunny Quadrangle.





photographs by William Tobey



Behavior in a Rotating Environment

"When the possibility arose that space vehicles might be rotated to generate an inertial force and thus abolish the undesirable effects of weightlessness, it seemed worthwhile to simulate such rotating environments in the laboratory. . . . We constructed a nearly circular room, about 15 feet in diameter, around the center post of our human centrifuge and exposed men or animals to angular velocities ranging from 1.0 to 20.0 RPM for varying periods of time." At a constant angular velocity, an experimental subject does not perceive that he is rotating unless he moves his head about an axis other than that of the room. Such movement stimulates the semicircular canals, which are uniquely structured to respond to angular and Coriolis acceleration and results in a bizarre pattern of afferent impulses which evoke certain changes in intrinsic and extrinsic behavior.

"It was quickly apparent that a type of motion sickness we later termed canal sickness might present a problem in rotating space vehicles and that we had a new and useful experimental device for studying this sickness." Dr. Graybiel went on to review briefly some of the clinical aspects of the subsequent investigations and illustrate how this Slow Rotation Room is being used in studying central nervous system mechanisms. The experiments consisted mainly of brief exposures to rotation for evaluating individual susceptibility to motion sickness and prolonged exposures to study adaptation time.

A group of eleven deaf persons with bilateral vestibular defects experienced no unpleasant symptoms in the Slow Rotation Room. It became apparent, in fact, that not only deaf persons but those suffering any loss of canal function are unsusceptible to motion sickness.

Most of the normal subjects exhibited typical symptoms of motion sickness: nausea, somnolence, pallor, and cold sweating. Atypical symptoms were more characteristic of anxiety or psychoneurosis than of motion sickness and were further characterized by the discrepancy be-

At top, left: James A. Jackson '43A, secretary of the Alumni Association, flanked by the School crest and Hippocrates. Below him is speaker Ashton Graybiel . . .



tween the subjective and objective symptomatology. Subjects with low susceptibility usually manifested typical symptoms. In general, the higher the RPM, the more severe the symptoms and the slower the adaptation.

The general adaptation process begins almost immediately, however, and "in addition to the general phenomenon of suppression, specific compensatory mechanisms are involved, although we have no information on why such adjustments occur. There is also good evidence that, when adaptation is complete, there is no spontaneous reversion to the preadaptation state, as in the case of many homeostatic mechanisms. In terms of effect on behavior, however, it qualifies as an excellent example of the wisdom of the body."

ASHTON GRAYBIEL '30
Director of Research
U.S. Naval Aviation Medical Center

Remarks on Oncogenic Viruses

"Ten years ago only a small and rather isolated band of investigators had taken seriously the hypothesis that viruses might be directly involved in the genesis of malignancy in man. Now all is changed." The scattered voices of Rous in this country, Oberling in France, and Andrewes in England have multiplied to a chorus supporting the viral theory.

In 1952, Ludwig Gross showed that a virus was primarily responsible for one variety of leukemia in mice. Since that time at least nine viruses have been recovered from mice [that may] represent a family of viruses capable of causing this condition.

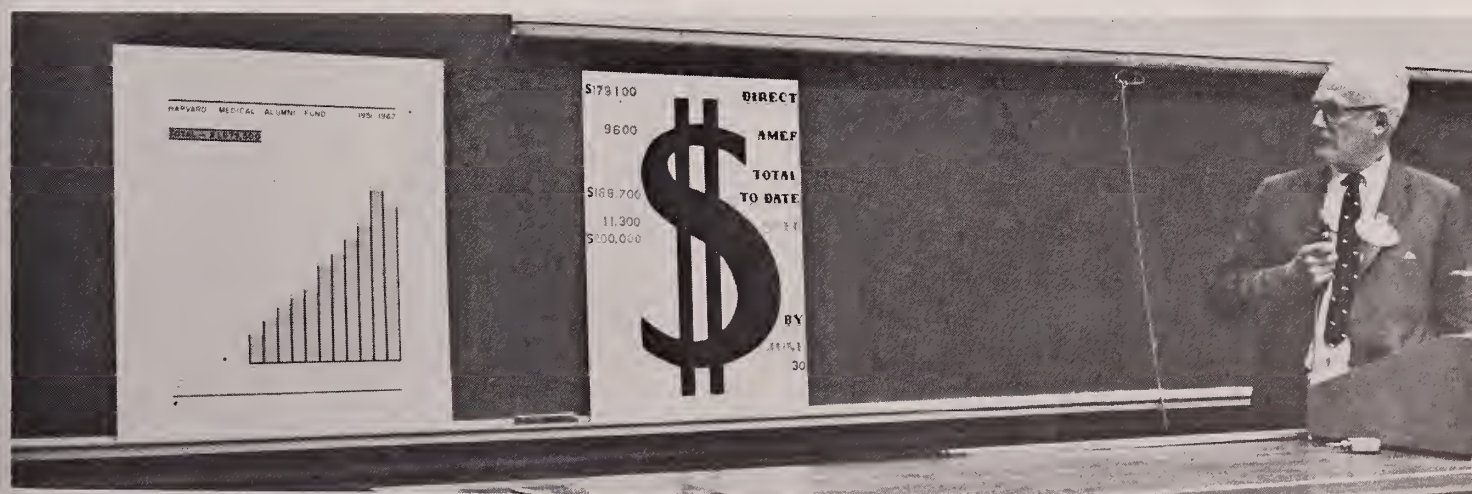
Another important step forward was the isolation and recognition, in 1956, of the polyoma virus. That a virus frequently causing latent infections in monkeys is capable of inducing malignant tumors in young hamsters was demonstrated by Dr. Beatrice Eddy about four years ago. This agent — Simian virus 40 — is the first oncogenic virus to be derived from a primate source.

Perhaps the most notable of all these "newcomers with malignant oncogenic properties" are adenoviruses 12 and 18, two of a large group of agents often associated with mild respiratory and ophthalmic disease in man. It was reported last year that solid, malignant tumors developed regularly in young hamsters inoculated with these two viruses. "This demonstration that such 'ordinary common garden viruses' may induce malignant growth is . . . obviously pregnant with suggestions for future investigation."

From these studies several important facts have been established. One virus may give rise to a variety of pathologically distinct tumors. The viruses associated with malignancy do not differ recognizably in their basic structure or physico-chemical properties from typical or classical viruses that are not oncogenic. It has become clear that certain viruses with basic properties so different that they have been classified in quite unrelated groups may, nevertheless, be oncogenic. "This sort of data prompted the hypothesis that cancer viruses as such do not exist but that so-called ordinary viruses under appropriate host conditions may exhibit oncogenic properties." It has also been established that inability to demonstrate the presence of a given virus in an infective form after neoplastic transformation does not mean it was not the cause of the tumor.

Numerous researches of the effect of these newly recognized oncogenic agents on cells from normal tissues growing *in vitro* have served to confirm and extend the above observations made *in vivo*. In addition, the method of cell culture promises to provide a tool whereby the de-

. . . with Howard Sprague '22. At lower left, Master of Ceremonies, Calvin Plimpton '43A, helps Dr. John Enders with a recalcitrant microphone. In the next photograph, Dr. Plimpton with final speaker Shields Warren '23. On this page, Director of Alumni Relations Langdon Parsons '27, aghast at meteoric progress of the Alumni Fund.



tails of the malignant transplantation induced by viruses may be ultimately deciphered.

Dr. Enders concluded with slides illustrating work with SV40 done in his laboratory by Harvey Shein '61, a house officer at the Beth Israel Hospital.

JOHN F. ENDERS, PH.D.
University Professor

Atoms, Medicine, and Politics

Radioactive atoms first came to medical attention as a result of Hevesy's work, over 30 years ago, their chemical similarity to normal atoms being such as to insure no alteration in biologic processes, their possession of characteristic radiation permitting easy detection, identification, and localization even in great dilution.

The clinical use of radioactive atoms predates the "atomic age" which was ushered in with the explosion at Alamogordo 18 years ago. In Boston their application to therapeutic problems of man was pioneered by the Massachusetts General Hospital in 1937.

Since the end of World War II, however, there has been a significant increase in the medical use of atoms, as efforts have been made to heighten the benevolent role of atomic energy in contrast to the destructive powers seen at Nagasaki and Hiroshima. "One of the first acts of the AEC was to make radioactive isotopes widely and cheaply available for medical research purposes. Isotopes at first had been available only to a few fortunate investigators, but now many thousands of shipments are made annually from Oak Ridge, Harwell in England, and other reactors. Since the very first, the AEC has maintained medical research activities in the field of atomic medicine."

Of great concern to the AEC — and the general public — is the problem of radioactive fallout. While Dr. Warren conceded that "there is no question that in the event of an atomic war heavy radioactive fallout would be deadly" unless some type of shelter is provided, he stated that there was "little danger connected with the peace-time utilization of atomic energy and weapons testing." He added that "too often atomic energy is equated with atomic bombs, too rarely with atoms as a source of power." To demonstrate the beneficial uses of atomic energy he emphasized that as fossil fuels fall in supply and rise in expense, new sources of energy must be employed. In his concluding remarks Dr. Warren added that "if the efforts of our good fellow alumnus, John Rock, are not successful in controlling population, atomic energy is the only source of energy that can . . . provide man a few more centuries of respite from mass starvation, during which one may hope a balance can be worked out between the world's standing room, its food, and its human population."

SHIELDS WARREN '23
Professor of Pathology
at the New England Deaconess Hospital



photographs by William Tobey



Above: Fourth year medical and dental students take Oath of Hippocrates. Below: Dr. Weller delivers Class Day Address.



"We have come to the end of our rope, so to speak," declared fourth-year class president, Tom Gelehrter, as he welcomed a very warm audience to Class Day exercises. "We look back with awe at the mass of knowledge with which we were bombarded, and look ahead with wonder at how little we learned. Perhaps it is, as President Lowell explained, because the freshmen bring so much when they enter, and the seniors take away so little when they graduate!"

Utilizing whatever it was they brought to medical school with outstanding "vigah," 17 graduating Harvard Medical and Dental School students took honors away with them from the morning ceremonies.

Paul "Pepper" Davis received the Harvard Medical Alumni Association Award "in recognition of his all-round ability and well-balanced personality." A member of the Boylston Medical Society, Dr. Davis will serve as permanent class president.

The Leon Reznick Prize — "for showing the most promise in research," was awarded to Robert T. Simpson, a member of Alpha Omega Alpha.

Thomas Gelehrter, fourth-year class president, was awarded the Henry Ashbury Christian Prize "for diligence and notable scholarship." Dr. Gelehrter is a member of Alpha Omega Alpha and the Boylston Medical Society.

The Massachusetts Medical Society Prize "to the medical student who seemed most notably to have developed the intangible qualities of the Good Physician," went to Andrew Warshaw. He is a member of Alpha Omega Alpha.

Roger Turkington won the James Tolbert Shipley Prize "for research, the results of which have been published, or accepted for publication."

The Borden Undergraduate Research Award in Medicine "for original research," went to Stephen Lerner, a member of Alpha Omega Alpha.

Albert Martin, a member of Alpha Omega Alpha and the Boylston Medical Society was awarded the Maimonides Award of the Greater Boston Medical Society, "for integrity, perseverance, courage and force of example."

The Boylston Medical Society Prize "for excellence in medical dissertations" first award to John Mendelsohn, a member of Alpha Omega Alpha and the Boylston Medical Society. The Second Award went to Michael Oxman, a member of Alpha Omega Alpha and the Boylston Medical Society. The Third Award went to Stephen Howard, a member of the Boylston Medical Society.



Questions of Priority

Excerpts from the Class Day Address by Thomas H. Weller '40, Richard Pearson Strong Professor of Tropical Public Health.

"Medicine, with the exception of Public Health, naturally centers on the needs of the individual, and its present stage of evolution is poorly adapted to deal with the mental or physical needs of man in the aggregate." Quoting Dr. Churchill's recent comment, Dr. Weller suggested that "we consider priorities in the search for that which is relevant in the area of the unknown."

Transposition in an unaltered form of medicine, as practiced in Boston, to the developing areas of the world is not in the best interest of the recipient nations. We need, he said, elaborate medical curricula, specifically designed to meet the high priority needs of these developing areas. If the curriculum is adequately conceived, the medical school graduate will be superbly oriented to meet the health needs of his community.

Dr. Weller's second point related to an old subject: an inquiry into the question as to whether the clinical experience provided by the present-day, highly specialized research-oriented hospital services is adequate preparation for the practice of medicine. Again, he asked for sensible evaluation by the profession of priority in research.

"A Question of Priorities" was a plea for better understanding of Public Health and how it can help "Man in the aggregate" and for an evaluation of scientific progress in a saner prospective through the realization that the most precious things in life lie outside the domain of science.

Valediction

Excerpts from Dean Berry's Valediction to the graduating class:

It was President Eliot who, after the Civil War, raised medical education to the level of graduate study and showed the way for university medical schools

"... to lead the forward movement, guiding adventurous spirits to the best point of onward departure ... to the very edge of the territory already conquered, and to say to the eager youth, 'Thus far came our fathers. Now press you on.' The hope of mankind depends on this incessant work."

For, as President Eliot said in his inaugural address in October, 1869, "A good past is positively dangerous if it makes us content with the present and, therefore, unprepared for the future."

The medical sciences have provided you with extensive opportunities to build a firm foundation for understanding disease in pathophysiological terms as deranged biochemical mechanisms. Your teachers have demonstrated that the secret of learning lies in learning how to learn — how to identify the central question and to devise sophisticated means for seeking the answer. As a result, I believe you have come to realize that the scientific method is the very essence of the educational process and, consequently, that research is an inseparable part of a good professional education.

The essentiality of research to good medical education is widely misunderstood today, not only by the lay public, but by members of the medical profession as well. From many quarters comes the question of whether re-

Below, left: Dr. Berry congratulates two '63 graduates, while at right, four others contemplate the future over their beer. At their right, the recitation of the Oath, led by Dr. Berry and students on the speakers' dais. . . .



search is actually competing with medical education and medical care — whether it may be damaging to both.

Let me cite for example a recent article in the *Saturday Evening Post* by a New York internist entitled, "Sick People Need Care, Not Research." The inconsistent and biased views recorded in this article are not unlike those expressed the other day at a medical meeting in Boston by a physician who asked — as quoted in the press — "What has destroyed the medical image? How have doctors lost their prestige?" His answer — "It is because science is interposing a screen of laboratory technique and laboratory thinking between the physician and his patient, so that neither can see the other in a sympathetically human or intimate light." One could wish it were that simple!

As is the case with many such naive statements, there exists some basis in fact for registering complaint. There *are* individuals who pursue research primarily for self-aggrandizement. There *are* practitioners who neglect their patients to indulge in investigation. There *are* medical schools and teaching hospitals whose interest lies in attracting research grants more for the purpose of securing institutional support than for meeting their responsibilities for teaching and patient care. These are failings of men, not of medical science.

Basic to much of the misunderstanding, I submit, is an unfortunate effort to separate medical science and practice. To be a good practitioner today, a physician must be a good scientist in the sense that he must understand the scientific method and possess a solid background of knowledge. Indeed, a physician who does not have adequate scientific knowledge denies to his patients what they deserve and have every right to expect. The scientific education of a physician need not cost him the "art of the healer," for good medical care is always based on insights derived from science and research. They add to

Above: HSDM graduate baby-sitting; Dr. Gardella and award winner Simpson; in the corner, Alfred E. Newman.



photographs by William Tobey



his art because knowledge increases understanding. In commenting on the "icy intellectual," promulgated by the uninitiated as the prototype of the medical scientist or research worker, Dr. Dana Atchley has said, "No warm, sympathetic person is frozen by research experience, nor is a cold, tactless person thawed by general practice."

A physician's capacity to help his patients in truly meaningful ways becomes increasingly a function of his scientific knowledge. Thus, it is inevitable that medical schools will place more and more emphasis upon the medical sciences. First, the student must be nurtured in the ability to collect and sift essential clinical facts. Then, aided by the social understanding of pathophysiology derived from molecular, animal, and clinical research, he must integrate them with appropriate laboratory, social, genetic, environmental, and behavioral observations, into a clinical hypothesis for the benefit of the patient in the diagnosis and treatment of disease — and in its prevention.

It does *not* follow, although it is often assumed, that the student who is taught to understand the problems of his patients in biochemical terms thereby fails to recognize the need for blending his scientific knowledge with compassionate care.

The situation is more frequently the other way around. Many students, in their impatience to serve the patient, fail to realize at the outset that their ultimate strength as physicians and dentists will reside in the extent of their knowledge of human biology. Such students often seem at first to be rather disdainful of medical science, to regard the years of basic study as a necessary evil to be endured before achieving meaningful contacts with patients. If such an attitude persists, the clinical performance of the student suffers, and he is likely to be ineffectual in practice. Fortunately, our students usually learn to equate the will to serve with the capacity to do so effectively, and return to the laboratory to repair their knowledge.

Biology as a science has no compassion. It is ruthless in its demands for cold logic on those who expect to understand its principles and to manipulate its mechanisms. Today, the physician who is unable to do so, however compassionate he may be, can be a menace. But, to turn the coin over, being able to do so does not lessen his capacity for kindness, for selfless service to his patients. As you have seen exemplified over and over again in your teachers, the best physicians today combine the ancient art of the healer with the understanding of the modern scientist.

. . . Let me urge you to consider the word *practice* in the phrase, "the practice of medicine," as the word *ministry*, "the ministry of medicine." In making the ministry of medicine your pattern of life, you will never be untrue to your finest selves, and you will therefore also have, as Osler put it, "a happy life in a happy calling." *Veritatem per medicinam quaeramus* — Let us seek the truth through medicine.

Progress in the University

Following are excerpts from President Pusey's commencement day speech to the Harvard Alumni Association meeting:

Each year it is a worrying question for me to decide how best to use the few minutes allotted me on this occasion for a message to the alumni of the University. Today I have chosen to talk briefly about how forward movement seems to me to be achieved in our institution.

In his exciting series of Godkin Lectures at Harvard earlier this spring President Clark Kerr of the University of California laid considerable emphasis on the mediating function which university leadership must play in the American academic world of today. Without in the least denying that mediation is an important and essential function of university presidents, deans, and other policy-making officials, including members of the governing boards, I should like to emphasize that, while many decisions come about as a result of a mediation of differing views, as a rule universities move forward by group decisions (sometimes all too slowly arrived at), in the confidence that certain pathways lead in fruitful directions. The directions may not always please everyone (indeed, they almost never do); the decisions taken may not have been mediated; but once made, they need defending, and they require intelligent understanding by the university community — and even more so by the alumni and the public — if the university is to advance.

In such an institution as ours . . . no major decision can any longer be taken without some sort of administrative consensus about, or at least adherence to, the direction of a new development . . . Such a decision must be supported by the dogged conviction of a president or dean that the way which has been chosen is the right one.

New direction almost always encounters misunderstanding, and, most infrequently, lack of sympathy. A lady with no Harvard connection recently wrote me an outspokenly frank letter suggesting that Harvard was not meeting its national responsibility since it failed to train large numbers of physicians but, rather, turned out only slightly more than a hundred from its medical school each year. How, she asked, can we be soliciting such huge sums of money for Harvard medicine in view of the slowness of our medical effort?

Fortunately, answering a critic of this sort is relatively easy. Rarely in all Harvard's history has a department of the University contributed so much to advance the cause it serves as has the Harvard Medical School during its fifteen years under Dean Berry. To be sure, the total number of medical students enrolled has remained fairly stable . . . but the annual number of postdoctoral scholars has grown from a few hundred to more than a thousand, and the School's research effort has increased enormously. The quickening pace of scientific investigation now being carried on at the School and in its affiliated hospitals, with consequent improvements in the practice of medicine and of patient care, defies descrip-

tion. Some measure of the enlarged scope of the endeavor may be sensed in the expense budget of this important branch of Harvard, which moved from \$2.8 million in 1948-49, to \$14.4 million in 1962-63. Reassuring in an era when government is playing a very large role in medicine and health is the Medical School's present effort to establish a firm financial foundation for its regular teaching and research functions. The School's endowment has risen from \$19.4 million in 1948, to \$47 million in 1962, a reflection of the immense amount of work and planning that have gone into the projection of its capital requirements and physical plant for the coming decades.

We have come to use the phrase "Harvard medicine" to give some indication of the way in which the teaching, learning, and research activities of the Medical School reach out and interconnect with the work of the privately-supported and tax-supported "teaching hospitals" in the area, but it cannot be considered a phrase exclusive in its connotation. Not only does it mean the medical effort in Greater Boston, but it also indicates some of the national and international influence of the medical program at Harvard upon other colleges, universities and hospitals in all parts of the world . . .

Four years ago the Medical School and the neighboring hospitals set up a planning group to help work out a mutually advantageous scheme for orderly growth. One of the ideas has been to have Harvard eventually purchase a part of the land on which the present Peter Bent Brigham Hospital now stands — a total of more than four acres — and help the Brigham to relocate on an adjoining site as part of a new hospital complex with the Robert Breck Brigham, units of The Children's Hospital, the Boston Lying-in, the Free Hospital for Women, and a branch of the Massachusetts Eye and Ear Infirmary. One enormous step toward achieving the goal was made possible by the cooperation of Cardinal Cushing and the purchase from the Archdiocese of the House of the Good Shepherd and ten acres of land, bordering Huntington Avenue and the Riverway beyond the area of present maximum expansion.

Such an imaginative and difficult conception involves many outside factors, particularly the neighborhood in which the new hospital facilities are to be located. To permit orderly growth and development it seems necessary that the hospitals acquire other property now in residential use. To test what can be done to mitigate dislocation and preserve neighborhood unity, Harvard and the affiliated hospitals have created a fund of \$100,000 toward the planning and erection of seven experimental dwelling units. If they seem attractive to residents of the area and their construction proves economically feasible, the affiliated hospitals will then try to secure the construction of adequate numbers of dwellings to replace those which may have to be razed for the new hospital complex.

Although a major part of our attention in the plans for the Medical School is seemingly devoted to the privately supported hospitals — indeed it is worth noting

that more than half of the fund being sought for Harvard medicine is destined for the support of clinical departments which teach in these hospitals — the Medical School has, nonetheless, deep concern for the future of its associated tax-supported hospitals . . .

Progress in a university such as this comes not only from presidential, decanal or faculty leadership, not only from the understanding action and help of the Corporation and Board of Overseers, not only from the imaginative researcher or his research group, not only from the needs of a student body, nor from the suggestions of the alumni and the public, but almost inevitably from a constructive combination of all these things. One of my favorite quotations from Mr. Conant is his remark that universities move forward with glacial speed. Indeed, one of the medical planning staff has recently suggested that Harvard frequently moves rather sideways than forward! Certainly progress here is rarely quick, nor is it always immediately forward — it seems inevitable that there must be halts for replanning and rearrangement of forces — but at our own pace and in time, progress we do . . .

Harvard is very much a personal image for each one of us — a corner of the Old Yard, an individual flash of insight which may come at a professor's lecture, a snatch of song in Sanders, a long walk along the river or through the unbelievable stacks of Widener, or the sense of achievement in a job well done at work or play. But it also presents a shared image. On such a day as this Harvard comes very close to all of us as we renew our ties with the University of old and try to comprehend the new College and University . . . growing before us.

Concrete is now being added to brick. Caught up in a constricted urban environment perforce we grow upward instead of horizontally. New subjects have been added, and new fields for research continue to appear. The faculty increases in numbers as new adventures are undertaken. The size of our budget grows year by year. Everywhere there is fresh enterprise, as the University's concerns widen and become more urgently relevant for the affairs of country and world. Fortunately there is still no heart among us for drawing back or for standing still. And may there never be!

Harvard's perennial mission continues to summon. Now as in the past its beckoning can only be met by new plans, a viable degree of consensus, broad understanding, fresh effort, readiness to help, and above all, by a constantly renewed determination to continue to move ahead. In ever changing circumstance this has been Harvard's traditional mode of response.

In these days as in the past the University continues to serve through the men and women she nurtures, the ideals and memories she treasures, the standards she sets, and the new knowledge discovered and advanced within her walls. Once again as she goes about her endless task, at this one hundred twenty-third annual meeting of the Alumni Association, she asks her sons and daughters for their continuing interest, and for their renewed and energetic allegiance to her demanding, but exciting cause.



Fay Photo

Class of 1913

REUNIONS

FIFTIETH REUNION

It was fitting that there were 13 of us, three with wives, at the small, quiet reunion of the **Class of 1913**. One class member, Arthur I. Shain, came all the way from Florida for the occasion, and the others attending were: William Buffum, DeWitt Clark, Steven Cobb, Harold Frost, Ralph Goodwin, Lewis Hill, Prodromos Pappas, and Byron Stookey, with their wives; Edward Sheehan, Seth Strong, Edward Wentworth, and Thomas Wickham. During registration we were awarded boutonnieres and told, "Today you are 50 years old."

On Friday evening ten of us had dinner at the Harvard Club and enjoyed champagne provided by the **Class of 1938**, which was celebrating its 25th reunion. After dinner each of us gave a short description of what he was doing, and it turned out that all but three are still practicing, with

no idea of retiring until it is absolutely necessary. The ages of those present at the dinner varied between 74 and 79.

We all enjoyed the evening, and it seemed to us that the small, intimate dinner did us a great deal of good.

LEWIS W. HILL

Class Secretary

FORTY-FIFTH REUNION

As the years go by, reunions inevitably become smaller and smaller affairs. Of the 102 who graduated in the **Class of 1918** only 52 are alive. Of these, 23 attended their 45th reunion, and 20 of these came from New England and New York State. Probably the 50th will be attended only by those who can come in taxis.

The weather on Alumni Day was perfect. As for the interesting talks in Amphitheatre D, one had the happy choice of listening to them inside or, by virtue of the excellent loudspeakers, outside under the tent in the quadrangle. The lunch was adequate, the beer was good and plentiful, and afterward the class was photographed on the steps of Building A.

Evening found the 23 members and 15 wives gathered in the Aesculapian Room at the Harvard Club for a variety of beverages and a truly excellent dinner. Just before dinner we were happily surprised by a brief visit from Dotty Murphy and Lang Parsons. Russell Patterson presided; the after-dinner speeches were delightfully short, the party broke up early, and everyone left well pleased.

The class chairman was repeatedly congratulated on his arrangements for the reunion but, of course, the arrangements were made by Dotty

Murphy. When he called the alumni office a few days before the 31st to see what needed doing, the reply was, "All you have to do is come to your reunion and enjoy it."

JUDSON A. SMITH
Reunion Chairman

FORTIETH REUNION

The Fortieth Reunion of the Class of 1923 was even bigger and better than our excellent Thirty-fifth. Forty-one classmates returned; five years ago we had only 28. Distance was no obstacle: from California came Frank and Ann Fowler, Karl and May Pelkan, LeMoyné and Louise Snyder, and Paul Spangler. From Minnesota there was Norman Johnson; from Missouri, Harry Lapp and Gregg and Katherine Thompson; from Wisconsin, Alf and Carroll Gundersen and John Huston; from Illinois, Wilber Armstrong and Derrick and Elizabeth Vail; from Kentucky, Glen Spurling; from North Carolina, Walter McClellan; from West Virginia, Dan and Edith Barber; and from Ohio, Herb and Maria Wright.

On Alumni Day our class was again honored by having one of its members, Shields Warren, as one of the speakers at the morning symposium. His subject, "Atoms, Medicine, and Politics," was quoted the next day by the press, to the effect that the benefits of atomic power outweigh the effects of minute amounts of radioactivity caused by the peacetime use of atomic energy and weapons testing.

We were joined by our wives for the luncheon on the Quadrangle, which was given by the Alumni Association. The class picture was taken afterward.

In the evening cocktails and dinner were served in the Massachusetts Room at the Harvard Club for classmates and wives. Ed Benedict read greetings from some of the absent

classmates. Following the dinner our class president, James C. White, asked for a standing tribute to all the deceased classmates, whose names were read by Channing Swan. Our toastmaster then introduced the speaker of the evening, our own Paul Spangler. He gave a short talk and showed a documented, Oscar-winning color film about Indonesia and the ship, *Hope*, on which Paul spent nine months helping to train the native doctors in modern methods of medicine and surgery.

Next day, Class Day, a larger-than-usual number of classmates and wives attended the exercises on the Quadrangle and lunched as guests of the Medical School.

Classmates and wives left the Hotel Kenmore at 3 p.m. for the very attractive summer residence of Ed and Pat Benedict at Pocasset on Cape Cod. Located on the shore of Buzzards Bay, with twenty-odd yachts of the Cruising Club of America anchored nearby and perfect summer-like weather, the place was a natural for an informal get-together. Jim White and Derrick Vail braved a plunge from the Benedict springboard; and following the clam, lobster or chicken meal, the fun genie came out of the bottle in the Benedict living room, with LeMoyné Snyder, as usual, at the piano.

It was a truly memorable occasion, for which the Class is again most grateful to Ed and Pat Benedict for supplying the perfect setting.

CHANNING S. SWAN
Class Editor

THIRTY-FIFTH REUNION

The Thirty-fifth Reunion of the Class of 1928 was a great success. Thirty-five members from 11 states came for part or all of the activities, 25 with wives. The following were present: Daniel Abramson, Myles Baker, Roger Baker, Marshall Bartlett,

Wilfred Bloomberg, Greydon Boyd, Allen Brailey, Edward Burkhardt, James Cammisa, Virgil Casten, Oliver Cope, William Davis, Carl DePrizio, Richard Dwight, John Edsall, Ralph Fielding from Washington, Louis Fincke, George Fite, Robert Goodell, David Halbersleben, Richard Hamilton, Louis Hathaway, David Jacobs, Robert Joplin, Ernest Keutmann, Cyrus Maxwell, Sanford Moses, Jacob Rudd, Charles Short, John Stewart, Louis Stoller, John Talbott, Vernon Williams, Paul Wilson and LeRoy Wirthlin, from Utah.

On Friday evening we had dinner in the Penthouse of the Holyoke Center in Cambridge, the new headquarters of the Harvard University Health Services. Curtis Prout '41, Associate Director and Chief of Medicine there, was our guest and gave a tour of the Center and an excellent illustrated talk on some of the salient features of the program and the many services available to University students, faculty and employees.

Class day exercises on Saturday morning in the quadrangle of the Medical School were of particular interest since one daughter (Faith Baker Davis) and two sons (Henry Keutmann and James Lingley) of our classmates were in the graduating class.

On Saturday afternoon we adjourned to the Dedham Country and Polo Club to enjoy the New England countryside and a leisurely social hour and dinner. We missed all of our classmates who were unable to be present, and we agreed that if possible we would make the Fortieth Reunion even better.

MARSHALL K. BARTLETT
Reunion Chairman

THIRTIETH REUNION

The members of the Class of 1933 happily renewed friendships at luncheon on Alumni Day. Most of them were easily recognizable, and only once

or twice did Bob Warren vehemently insist that one or another of us could not possibly have graduated from HMS only 30 years ago and was, therefore, an imposter.

Forty-two members, together with twenty-nine of their wives, gathered for dinner at Kresge Hall. There followed a warm and delightful evening of stories and reminiscences. Bert Dunphy and Bart Quigley resumed their role as carefree medical students as if they had never dropped it. Perhaps the most timely story of the evening was Bob Wilson's recollection of Howie Nichol's exploit in dog surgery when he devised the Nichols I procedure of gastro-sigmoidostomy for the treatment of canine obesity, among other things. Bob then pointed out that this procedure, first announced to the world in the Aesculapiad of 1933 (page 61, first paragraph), had recently been rediscovered and was now being employed successfully, with a few minor modifications, in medical centers throughout the land for the treatment of human obesity. It is to be hoped that due credit will be given to the bold and imaginative inventor of the Nichols I operation.

The next day Brad Cannon generously invited all those classmates who were still on their feet after three days of the Brigham 50th Anniversary celebration and two days of HMS reuniting, to a delightful clambake at his charming home in Lincoln. It was a fitting climax to a relaxed and thoroughly enjoyable reunion.

KENDALL EMERSON, JR.
Reunion Chairman

TWENTY-FIFTH REUNION

A twenty-fifth medical school reunion happens only once in a lifetime; so we made this one one we won't forget. Sixty-seven members of the Class of 1938 and wives returned to Boston for this memorable weekend, which began with a dinner in Harvard Hall Thursday evening. The hundred or so gathered there quickly renewed old friendships and reminisced of their days at HMS. Nineteen states and Puerto Rico sent delegates, long-distance honors going to

Dr. Reginald Rambo from Puerto Rico; Dr. J. Garrett Allen, Dr. and Mrs. David M. McKell, and Dr. Sedgwick Mead and his son from California.

After cocktails and dinner our guests, Dr. and Mrs. William Castle, Dr. and Mrs. Arthur Hertig, Dr. and Mrs. Langdon Parsons, and Miss Dorothy Murphy, were neatly introduced by our M.C., Sidney Gellis, and were stimulated not only to tell stories but even to contribute to our class fund. The official countdown was over relatively early, and the reunion really got into orbit back at the hotel during the wee hours of the morning.

Friday dawned lovely and clear, and old Sol smiled brightly on an HMS Alumni Day admirably designed to intellectually stimulate the graduate of 25 years ago and to make us realize the diversity and depth of subjects being studied by the faculty and graduates of our medical school.

Irad Hardy, our class agent, passed our "bucks" on to the Dean, a total of \$72,800. This sum, of which we may be very proud, represents gifts from 105 of our class.

Friday evening 92 classmates and wives danced the night away at the Country Club in Brookline. The dance floor was never empty, and enthusiasm for Ruby Newman's orchestra ran high. No one did the twist or chicken scratch, but some of our class can still do the Charleston. The party finally broke up because another great day lay ahead.

Saturday, June 1, found those who could raise their heads from the pillow at Class Day exercises, a fitting end to the four years in medical school, and a stirring and sentiment-rousing experience quite different from the hurried departure 25 years ago to homes or internships the day after exams ended.

Our final social event, the clambake at Castle Hill, Ipswich, was the most relaxed and enjoyable event of the reunion. The beauty of the day, view of the ocean, sand and surf, the palatial castle, the food, and most of all, the friendship, all combined to climax our twenty-fifth. As we were driven back to Boston by bus, singing all the way, someone suggested that we have our thirtieth next year — we just can't wait for five more years to pass. See you there! (Dotty take note.)

Bits we'll remember:

Lang Parson's stories
A very neat Charleston by
Ozzie Carey's spouse
Al Yankauer not having
changed a bit
Ellie Haase swimming on and
on in that North Shore water
Bill Boger's total recall on the
words of all the old songs —
fortissimo
Ed Irons' "caring"
The nice feel of the whole
reunion.

FRANCIS M. INGERSOLL
Reunion Chairman

*Various and sundry members of the twenty-fifth reunion
class — with cigar.*





Class of 1938

TWENTIETH REUNION

CLASS OF 1943A

Two classes graduated in 1943 as a result of the demands of World War II. This disruption has resulted in a most genial relationship which, added to the camaraderie left from the War Years, has guaranteed *carte blanche* success to all combined reunions of the two groups. The 20th was no exception.

After a most enjoyable Alumni Day the class joined in a convivial cocktail period, during which we admired our classmates' wives and

showed off our own, and the two classes dined together at the Harvard Club. Hathorn Brown of '43A and Hass Black of '43B carried on as toastmasters in a Huntley-Brinkley manner, each with his own microphone from the same large combined head table. We heard from the great and near-greats of our classes. Each class, incidentally, has its own college president. This is most fortuitous for us who are concerned as to where our children will get their higher education. Cal Plimpton and Jim Dixon are clearly and painfully aware of that part of the Hippocratic oath which holds them responsible for the education of a fellow physician's child.

E. P. Richardson, who did such a splendid job in editing and compiling the personal histories for the reunion book, led us through several resounding stanzas of our class song,

"The Jones' Junior High," via his magic trombone.

The second day of the reunion was highlighted by the gathering of the two groups at Sally and Ben Ferris' beautiful home in Weston. We were given a warm welcome, and everything was in perfect order. The weather, clambake, setting, ball game, and the *tête-à-têtes*, both large and small, were rewarding and entertaining. Due to the edge in age, '43B did take the lead in the baseball game.

As the sun set on a most memorable gathering, Don Brown heralded our departure by entering with bagpipes skirling. He did surprisingly well, considering we didn't know he could play them.

As we departed, to be rejoined in five years for our 25th, we were thankful to E. P. Richardson (publisher), Al Friedlich (treasurer), Jim Jackson (scribe), George Starkey, and

H. P. Brown (directors and producers of the entertainment), the '43A committee who worked so well with Dot Murphy to get the classmates together. A word of thanks also goes to Henry Brean, Jack Bryan, and Bob Peeler for making the long pilgrimage from California to join us. We also want to express our appreciation again to Sally and Ben Ferris for the great part they played in the success of the combined reunion, and last but not least, to Don Kent the weath-erman, who made everything take place under blue skies.

DON McLEAN '43A
Reunion Chairman

TWENTIETH REUNION

CLASS OF 1943B

Adhering to our well-established custom of joining our running-mates of '43A, we first enjoyed the usual buffet luncheon on Friday, on the green in front of building A, meeting each other again and having the standard picture taken with surprising promptness.

On Friday night, in Harvard Hall, we again shared the facilities and evening with '43A, though separate bars at each end of the hall were provided to permit more coordinate conversation with our own classmates. Brief talks by representative members of each class were supervised by joint toastmasters Hawthorn Brown of '43A, and Hass Black of '43B.

On Saturday afternoon, thanks to the generosity of Sarah and Ben Ferris, we all gathered in Weston at the Ferris diamond, and those who were trusting enough of their coronaries to play softball survived an

extremely strenuous game. This was followed by cocktails and dinner in the open, in ideal weather. The turnout was slightly less than half of the class, but we were pleased that Ed Allston and Jack Cannon and their wives made the trek from California to help us celebrate this milestone.

The joint activities were so successful, that it seemed unanimously felt that we carry on with the tradition at our next gathering, for which we trust everyone who could not make it this year will circle his calendar well in advance. Miss Murphy and her staff performed their usual organizational groundwork so well that there was little left for our committee to do. We did hire two buses to carry us from the Hotel Kenmore to the Ferris' which NO ONE used, thanks to the many cars available, but otherwise everything went off very smoothly.

In closing, for those of you troubled by the size of the tax tab, don't forget you can reduce your liability by giving generously to A Program for Harvard Medicine and thwart the collectors a gratifying bit.

PHILIP H. WALKER
Reunion Chairman

FIFTEENTH REUNION

Under warm sun and cloudless sky 43 stalwarts of HMS 1948 met for a gala Reunion.

Festivities began with a quadrangle luncheon, beer, and the usual photographs. A fine afternoon program on molecular and enzymatic chemistry made us all painfully aware that 15 years have truly elapsed since we left the academic Mecca.

Vanderbilt Hall was the site for cocktails, succulent dining on lobster or steak, and an evening of socializing and dancing. Our president, Tom Linger, officiated. Stan Burns showed us he has not lost his virtuoso's touch and played masterly during orchestra intermission until, like many of us, he ran out of steam. Ed Mahoney was

present with a very cute lass — perhaps his bachelor days are numbered! George McLemore, one of the last to tie the nuptial knot, was accompanied by his most attractive wife. Their heir, not yet apparent, is due in November. Our peripatetic Jock Cobb breezed in on his way to Pakistan. He is certainly creating his own frontier. May luck and good fortune go with him.

Festivities were resumed with a carefree late afternoon clambake at Dr. Earl Chapman's estate in Jamaica Plain (not many of us made the luncheon!). The party was enhanced by the presence of Dr. Henry Jackson who, despite the discomfort of a healing fractured hip, entered into the spirit of the afternoon and stayed through clams, corn, lobsters and liquids galore. Mark Bloomberg — almost unrecognizable with his cultivated perioral hirsutism — flew in from the coast. Orson White and his pretty wife commuted in their private plane from Salt Lake City. Texas went unrepresented!

Let's double our attendance at the 20th.

MANNING SEARS
Reunion Co-Chairman

TENTH REUNION

Fifty-six classmates and 50 wives came from 15 states to attend the Class of 1953 Reunion. The long distance awards, had there been such, would have gone to Bill Boeck and his wife — from California, and Bob Hoskins, also with wife, from Washington. Cocktails, dinner, and dancing at the Cambridge Boat Club Friday evening offered a wonderful opportunity to see old friends and review activities of the past ten years. There was dancing on the dock and the decorum of the evening was documented by the fact that not a single classmate so much as got his toes wet.

On Saturday afternoon, most classmates and wives attended the clambake at the Essex County Club



Class of 1953

Note new member, Dr. George P. Berry, center back.

on the North Shore and, on this occasion, there was a liberal sprinkling of HMS '80 and '90. An unofficial record was set by Scott Earle with seven lobsters to his credit; runner-up was Norm Crisp with five.

It was a most successful reunion in every way, but most of us were happy that Sunday is a day of rest.

Final count: 30 came from Massachusetts; 10 from New York; two each from New Jersey, New Hampshire and Connecticut; one from Mississippi, Alabama, Idaho, Virginia, Maryland, Wisconsin, Ohio and Illinois.

WILLIAM B. HADLEY
Reunion Chairman

FIFTH REUNION

On Friday evening about 30 couples from the Class of 1958 overcame the first obstacle of the reunion weekend — finding the Boston Yacht Club. Also challenging were the three

flights of steep stairs, lined with a rope bannister, which resembled Beacon Hill at 7 p.m. but looked like Mt. Everest after midnight. A self-service bar accelerated the pace of the evening, and we shifted into second gear with the late arrival of Kirby von Kessler. Third gear was ushered in with a trumpet fanfare announcing Lew James — our after-dinner “speaker” — who revealed that our class had set an all-time HMS record with a yearly per capita gift of 27 cents. Betty Anne Killoran and Sven Kister gave an outstanding exhibition of dancing, and the orchestra leader attempted with reasonable success to teach us the “French Hully Gully.” The only casualty of the evening was Pat Esmiol, who acquired a “Charley Horse” after slipping on the stairs.

Mr. Pescosolido, Pat Esmiol’s father-in-law, invited us to his Ipswich home for our Saturday clambake. “Fireball” Pete Penick’s “Cardiacs” defeated Thorne Winter’s “Cirrhotics”

25-11 in a game where errors exceeded runs. Fielding stars included George Spaeth, who made put-outs for both teams; Dick Hutchinson, who caught a fly dropped by the pitcher; and Brax McKee, who played a great center field. Ed Sonnenblick, Howie Ricketts, and Bill Elkins carried big sticks at the plate. Larry Wilde was sidelined after a slight injury on a grounder at third. Only a few brave souls went swimming, but “Boris,” the German shepherd, was quite popular with his stick. A mosquito invasion ended the evening, and everyone made the long, slow trip back to Boston.

Thirty-three people registered for the reunion, with Sandy Wolfson from Missouri setting the weekend distance record. The class and committee are greatly indebted to Miss Murphy and her staff for their efficient organization of our weekend.

JOSEPH W. BURNETT
Reunion Chairman



**William
Richard
Ohler**
1886-1963

To but few men has there been given a life more abundant in the rewards earned by devotion to friends, to family, and to the wholehearted practice of medicine than was the lot of W. Richard Ohler, who died at the Boston City Hospital on March 12, 1963.

Dick was not one of a type, he was completely an individual — simple and sincere; steadfast in his honesty, his loyalties, and his kindness; alert and understanding in dealing with patients and their difficulties; knowledgeable of things medical and generous in the sharing of this knowledge, yet ever inquiring more deeply into the problems of disease. These qualities compounded themselves in his nature, and through them he made a unique contribution to our medical community.

From the time of his graduation from the Harvard Medical School in 1914 until the very last, he was intimately and importantly associated with the Boston City Hospital and its Harvard Services. There he had his

internship; as a member of the Base Hospital 7 (The Boston City Hospital Unit), he served in France in World War I; upon his return, he organized the first clinical laboratory at the City Hospital and later its Diabetic Clinic, of which he was Chief until his retirement in 1948. He became a Visiting Physician and was Physician-in-Chief of its Second Medical Service from 1938 to 1948. Formal retirement brought no lessened interest in the hospital of which he was so much a part and for which he had done so much. In 1959, the Boston City Hospital Alumni Association awarded him the Leonard Wood Memorial Medal for "outstanding contributions to medicine and humanity" — an eloquent witness to the high regard in which his fellow staff members held him.

His first appointment at the Harvard Medical School was a Fellowship in Bacteriology under Drs. Ernst and Wolbach in 1915. At the time of his retirement he was an Assistant Professor of Medicine. His teaching activities were many. They were not confined to formal presentations but were concerned more importantly with bedside teaching for both medical students and house staff, and with educational programs for postgraduate students and practitioners. In all of his presentations and discussions, he balanced nicely the science of medicine with the art of caring for patients beset with the worries which sickness brings. He instituted and for several years took a major part in the clinical sessions held at the City Hospital for general practitioners on Wednesday afternoons.

He was a leader in the program for postgraduate education sponsored by the Massachusetts Medical Society and from which evolved the Postgraduate Institute. This has accomplished a valuable mission and is perhaps one of the most objective reminders of the influence that Dr. Ohler had in carrying to physicians in outlying communities the stimulus as well as the means for improving the quality of patient care.

During World War II he played a leading role in the organization of the Boston City Hospital Medical Unit. Rejected for active Army service because of a minor physical ailment, he developed the idea and directed the important activities of the New England Committee for Military Postgraduate Training. For this he received an official commendation by the War Department.

His interest and activities in the affairs of his district medical society and in the Massachusetts Medical Society are epitomized by his being chosen president of the latter in 1951. This was an honor which he accepted with characteristic modesty, an obligation which he fulfilled with characteristic energy.

After his retirement from the Boston City Hospital and Harvard, a new challenge was presented to him. He was asked to become Medical Chief at the Chelsea Soldiers' Home. Here his talents for medical organization again came into play, as he vigorously accomplished the establishment of a first-rate medical service with an accredited residency training program.

Medical practice to Dick Ohler was not primarily a means of earning a livelihood, but rather a precious trust to be carried out by giving freely of himself and of his knowledge and understanding to the personal and medical problems of his patients. In this he was truly the trusted friend and advisor of patients from all walks of life. Ever busy with the multiple and exacting demands of a large practice, throughout his career his friendly associations with young physicians, both within and outside of his own services, gave to him perhaps his greatest satisfactions. His ability to impart to them the breadth of his precepts in caring for patients gave to them an educational experience of incalculable worth.

It can be written truly that Dick Ohler has been a complete physician who, through the wholeness of the life he lived and loved, has given much to our profession.

RICHARD P. STETSON '26

BOOK REVIEW

GYNECOLOGY, Langdon Parsons and Sheldon C. Sommers. W. B. Saunders Co., Philadelphia and London, 1962. 1250 pages.

Nothing has been spared to make Drs. Parsons' and Sommers' fine textbook on gynecology a milestone in gynecology texts. The authors have abundantly illustrated their script, often wisely selecting the appropriate chart or diagram from prior publications, such as the handsome colored plate of the cervix that serves as a frontispiece to set the style for the whole volume. The comprehensiveness of this work can be evaluated by the unusually excellent and detailed index, taking up 53 of the 1250 pages. In my opinion, it is also a happy choice to place the extensive reference lists in the most usable position — at the end of each chapter. Though peripheral, these are indeed praiseworthy items.

The real impact of this textbook

lies in its unique conception. Here for the first time is a volume of gynecology whose authors had the imagination to realize, as they state, that derangements of the female generative organs can be dealt with intelligently only by considering the woman as a whole. Following this premise, they visualize the woman's reproductive history as a dynamic process from puberty to old age, during which, in each phase of biologic development, certain dysfunctions present themselves more frequently and others less often to the student or clinician. Drs. Parsons and Sommers delineate these problems in a happy unity of gynecologist and pathologist. The text is thus unusually comprehensive.

In the section on infancy and childhood, genetic sex as well as the details of examining and rearing the young child are equally spelled out. The same dual approach of pathology and clinical judgment clarifies the

difficulties of adolescence, of early maturity, the later reproductive period, the menopause, and the post-menopausal era into old age. The text is disarmingly readable — the paragraph headings are challenging. "Why does ovulation not occur?" (in anovulatory bleeding). "How do you treat dyspareunia?" "What is the background of plasma cell mastitis?" "What do new progestational agents have to offer?" (endometrial cancer), and "How to manage the hopeless cervical cancer case?"

In my opinion, this book may have set a wholly new precedent of presenting medical texts that will be followed in medicine and surgery and in gynecology; it is hard to see how this volume can be superseded by any other for a long, long time. It stands head and shoulders above its competitors in this specialty.

SOMERS H. STURGIS '31
Clinical Professor of Gynecology

HONORS

Henry K. Beecher '32, Henry Isaiah Dorr Professor of Research in Anaesthesia, has recently been awarded the German Medical Prize from Bonn, Germany. This includes both a citation and a \$2,000 award and is in general recognition of his work in anesthesia, especially his pioneer work on quantitative studies of the effect of drugs on the mind.

George P. Berry, Dean of the Faculty of Medicine and professor of bacteriology, has been awarded the degree of doctor of science by Boston University. The honor was conferred upon him for his "leadership in medical education (which is) unique in this generation;" his dynamic support to the basic sciences, while insist-

ing on the education of the whole person for medical practice; and his improvement of higher education in all of its aspects.

On June 5, 1963, in Evanston, Ill., **Edward D. Churchill '20**, John Homans Professor of Surgery, *Emeritus*, was honored with the Merit Award of the Northwestern University Alumni Association, "in recognition of worthy achievement in a profession or field of endeavor which has reflected credit upon Northwestern University and each of her alumni."

John F. Enders, University Professor, was awarded the Scientific Achievement Award of the AMA at its annual convention this June. A Nobel Prize winner, Dr.

Enders was honored for his research on the viruses of polio and measles.

Edward J. Eyring '59, orthopedic resident at Children's Hospital of the East Bay in Oakland, on rotation from the orthopedic service at the University of California in San Francisco, has received a \$9,000 Mead Johnson Award for Graduate Training in Surgery. It is effective July 1, 1963, and will be paid over a three-year period. Granted to eleven candidates since 1955, the Mead Johnson Award goes to the best qualified academically oriented surgical resident in the country, one who has completed at least two years of an approved residency and who is planning training beyond the minimum.

Dr. Eyring was one of two physicians to receive it this year.

Hildrus A. Poindexter '29 has received three honors during the past year, including the 1963 Distinguished Public Service Award of AID. He was also selected to serve as a member of the U.S. Delegation to the U.N. Geneva Conference on Science and Technology for the Benefit of Less Developed Areas, which was held last February. In March Dr. Poindexter was honored as one of the 1963 National Civil Service League Award winners. In 31 years of government service Dr. Poindexter has contributed to medical care, teaching, research, and administration, in Liberia, Vietnam, Laos, Surinam, Iraq, and Libya. He is now serving in Sierra Leone.

Thaddeus E. Prout '48, Baltimore, Md., was awarded the \$500 Willard O. Thompson Memorial Traveling Scholarship by the American College of Physicians at its meeting on April 17, at which over \$60,000 in scholarships and fellowships were presented.

Wesley W. Spink '32, Professor of Medicine at the University of Minnesota Medical School, and one of the world's leading authorities on infectious diseases, became president of the American College of Physicians at its 44th annual meeting, April 4, 1963. Dr. Spink is also director of the Brucellosis Research Center of the United States, under the WHO since 1951; national consultant in internal medicine to

the Surgeon General, USAF; and a member of the allergy and immunology study section, NIH.

Nathan B. Talbot '36, Professor of Pediatrics and Head of the Department of Pediatrics at the Massachusetts General Hospital, was recipient last February of the 19th Annual Borden Award (established 1944) of the American Academy of Pediatrics.

George W. Thorn, Hersey Professor of the Theory and Practice of Physic and Head of the Department of Medicine at the Peter Bent Brigham Hospital, was recently honored with the George R. Minot Award of the Section of Experimental Medicine of the AMA. Given to Dr. Thorn at the AMA convention on June 17, the award goes annually to "the American investigator who has made an exceptional contribution to the development of clinical investigation and therapeutics."

Cited as "a friendly and devoted Harvard doctor whose skills have handsomely served her sons at field and clinic," **Augustus Thorndike** was awarded an honorary A.M. degree at Harvard Commencement this June. He had retired a year ago as lecturer on surgery and chief of surgery to the University Health Services.

Shields Warren '23, professor of pathology at the New England Deaconess Hospital, has recently been elected to the

American Philosophical Society. He has also been honored by the award of a Commendation by the Veterans' Administration "for his conspicuous and sustained contribution to veteran medicine," particularly in the field of radiation research.

In June **Thomas H. Weller '40**, Richard Pearson Strong Professor of Tropical Public Health, received from President Pusey Harvard's highest faculty award — the George Ledlie Prize. Established by the late George Ledlie, newspaper executive and associate of Joseph Pulitzer, the prize is given every two years to the Harvard professor who has made "the most valuable contribution to science, or in any way for the benefit of mankind," and recognizes Dr. Weller's work with the causes of mental retardation and cerebral palsy in infants and children and his contribution to the isolation of the virus of German measles.

Several Harvard Medical School graduates and faculty members were recently elected to the American Academy of Arts and Sciences. They are: **Benjamin Alexander '34**, associate professor of medicine at the Beth Israel Hospital; **Luigi C. Gordini**, lecturer on bacteriology and immunology; **John P. Merrill '42**, associate clinical professor of medicine; **Sanford L. Palay**, Bullard Professor of Neuroanatomy; **David D. Rutstein '34**, professor and head, department of preventive medicine; and **Bert L. Vallee**, associate professor of medicine.

ALUMNI NOTES

1905

Roger I. Lee published a book last October: *Letters from Roger I. Lee, Lt. Colonel, U. S. Army Medical Corps, 1917-1918*.

1910

Warren F. Draper writes that "something ought to be in our class notes, so here goes: I go to the office every day; play golf (when I can find anyone my age); work in the garden; take auto trips . . . and try to keep up with the times by reading and T.V. . . . What do the rest of you do?"

1912

In May **Izak Alcazar** and his wife, **Rose**, returned to Long Beach, Calif., after a several months' tour of Israel and a stop in Rome en route home.

1913

Harold M. Frost is "in full-time general practice in Friendship, Maine; a town of some 800 people on the Maine coast."

Oswald H. Robertson is "finding life after retirement just as exciting as it was before." Dr. Robertson is living on the California coast and is fascinated with a salmon research project. "A Harvard Medical discovery," he writes, "is helping explain the age-old mystery of why the Pacific salmon all die after their first spawning . . . The finding of a Cushing-like syndrome in spawning salmon . . . may well prove to be the cause of the salmon's demise."

1914

Frederick T. Hill has been reappointed a member of the Federal Hospital Council and made an Honorary Fellow of

the American College of Hospital Administration.

John A. P. Millet is "still helping to run a pilot project in training psychiatric residents at the New York School of Psychiatry." Having "finally decided that daily commuting, often including fog, sleet, ice, and snow in wintertime has lost its allure," Dr. Millet has moved to New York City.

Harold W. Stevens reports that "statutory retirement from the public service of the people of the Commonwealth of Massachusetts, 'for superannuation,' has curtailed severely my opportunities for active practice." Dr. Stevens adds that his "residue of energy is finding some outlet in pursuit of the history and philosophy of Massachusetts and American Medicine and some writing in this connection."

1917

Marshall C. Cheney is "moving to

